

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Wash</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>11</i>	Day <i>21</i>	Age <i>7.7</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Penna.</i>					
Occupation <i>Druggist</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>widower</i>	Name of Wife or Husband <i>Mary Aughinbaugh</i>						
Father's Name <i>John Aughinbaugh</i>	Father's Birthplace <i>Penna.</i>						
Mother's Maiden Name <i>Eliz. McCullough</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>W.C. Aughinbaugh</i>	How related to deceased <i>son</i>						

CAUSES OF DEATH

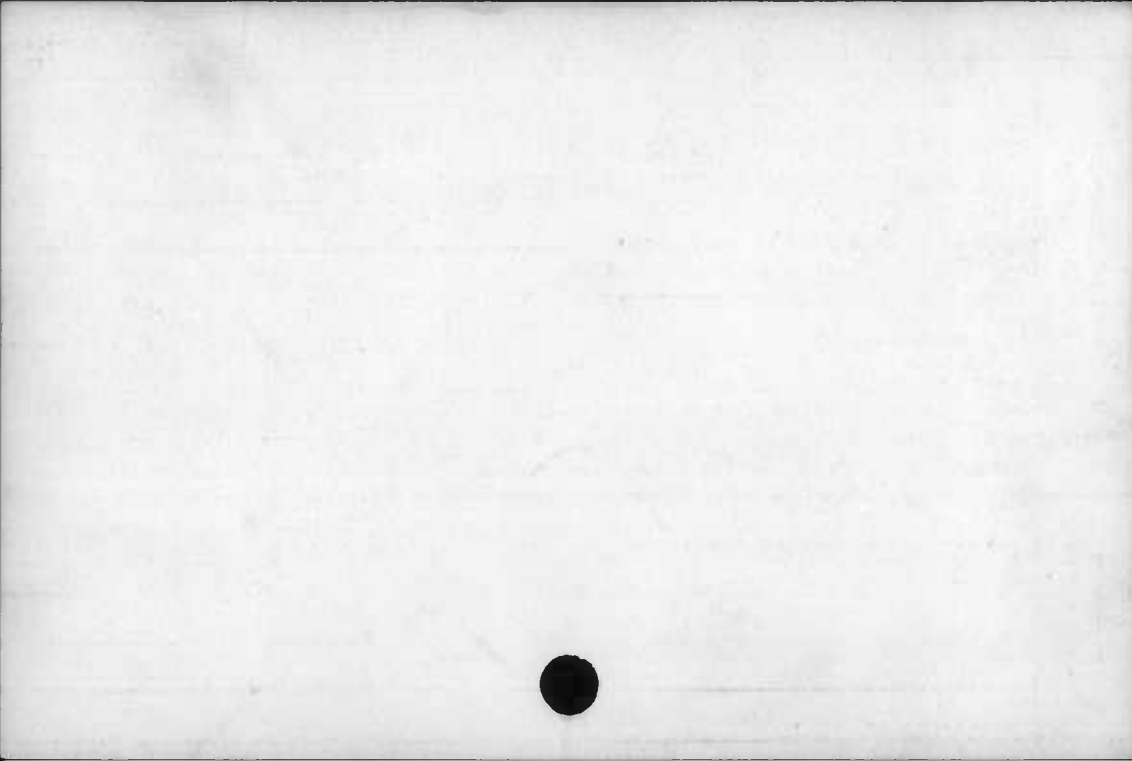
Primary <i>Obstruction of Bowels</i>	How long <i>5 days</i>
Immediate <i>Bulldozer</i>	How long <i>X</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

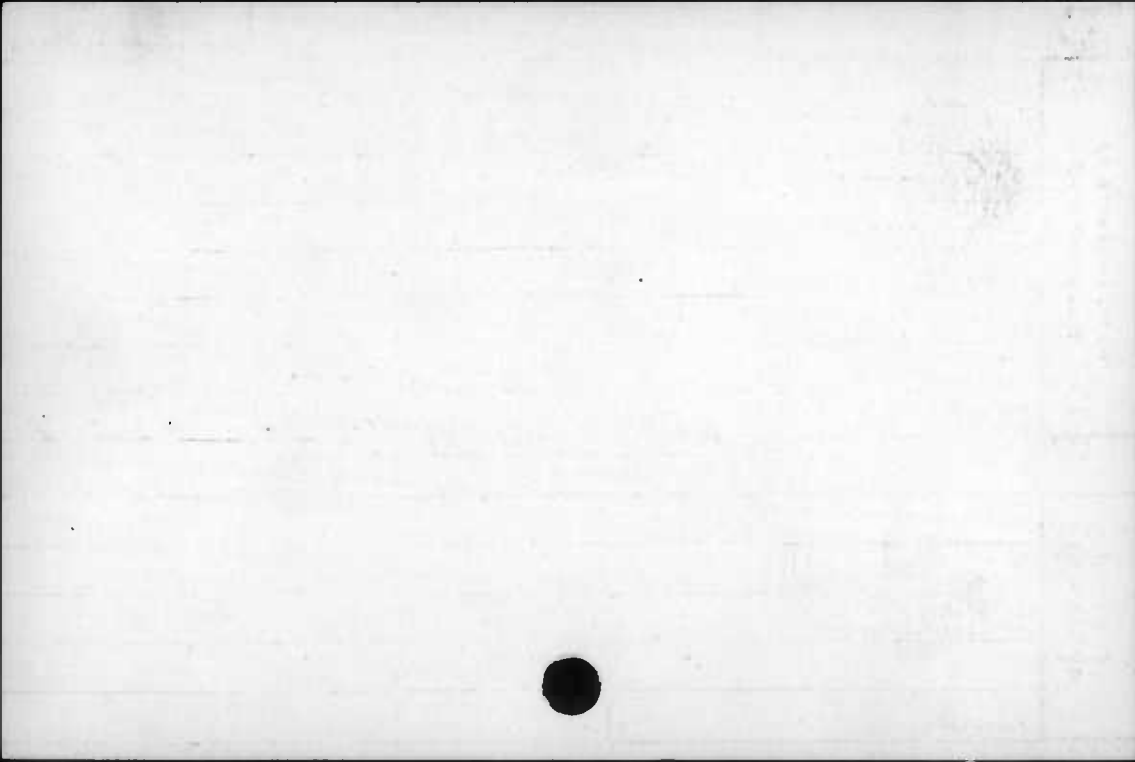
Name in Full <i>Mary Baskman</i>		Town <i>Boonsboro</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>7</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Age <i>88</i>		Years <i>7</i>	
Occupation <i>Housekeeper</i>		Birth-place <i>Boonsboro</i>		Months <i>7</i>		Days <i>7</i>	
Where Residing if not at place of death <i>Boonsboro</i>		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Henry Baskman</i>		Father's Birthplace <i>Wash^g Co.</i>		Mother's Maiden Name <i>Margaret Deteferner</i>		Mother's Birthplace <i>Wash^g Co.</i>	
Name of person giving information <i>Wm. Baskman</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>General Debility (Senile)</i>	How long	<i>14 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. C. Wheeler</i>	
		Address <i>Boonsboro</i>	
Accident or Suicide?		<i>Washington Co.</i>	



Name
in
Full

Rebecca Baughman

CERTIFICATE OF DEATH

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1908 Month 11 Day 16 Age 68 Years Months 10 Days 24

Sex Female Color or Race White Birth-place Pa.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband John H. Baughman

Father's Name Amos Wolfe Father's Birthplace Pa.

Mother's Maiden Name Susan Dellinger Mother's Birthplace unknown

Name of person giving information Rebecca Baughman How related to deceased Daughter

CAUSES OF DEATH

79

Primary Organic Heart Disease How long 1 year

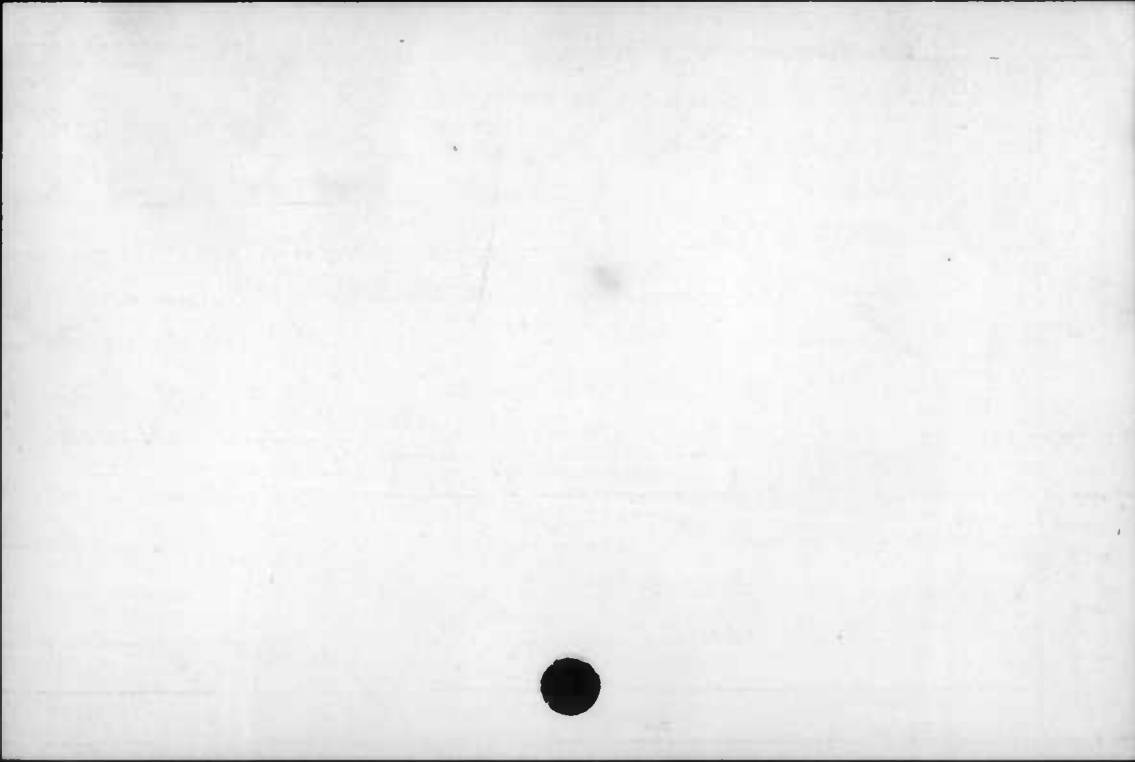
Immediate Organic Heart Disease + acute Indigestion How long 30 minutes

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. V. Jarboe M.D.

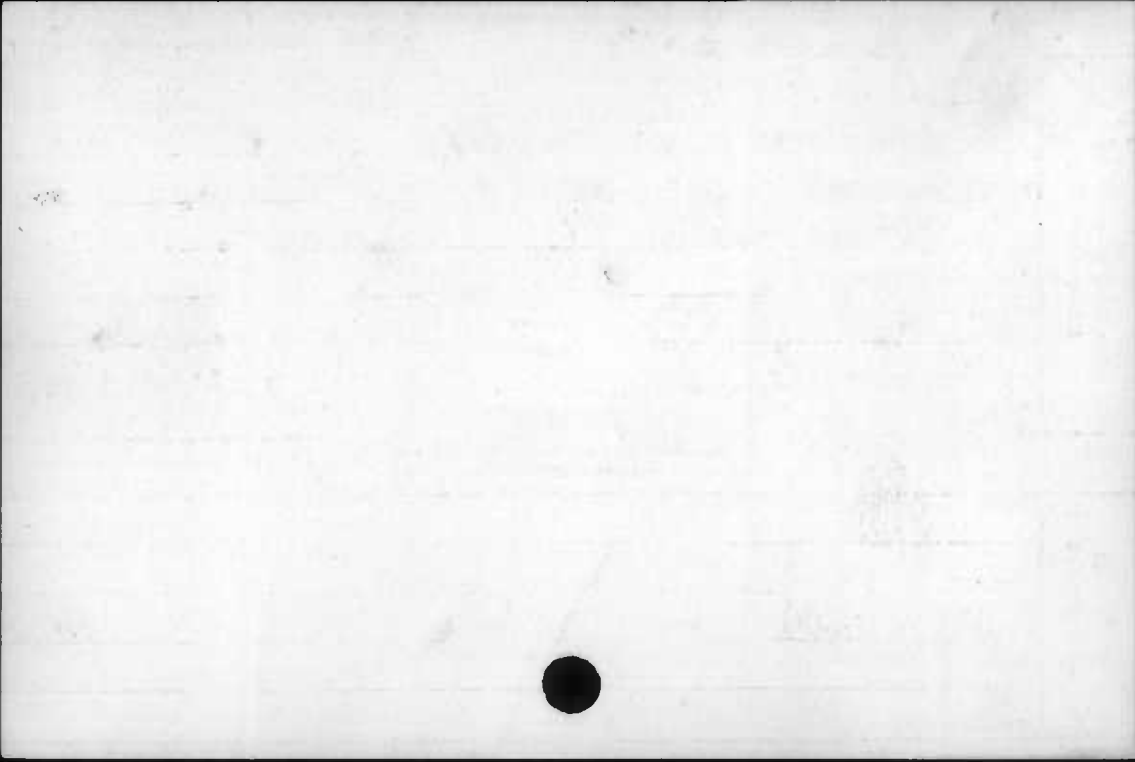
Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



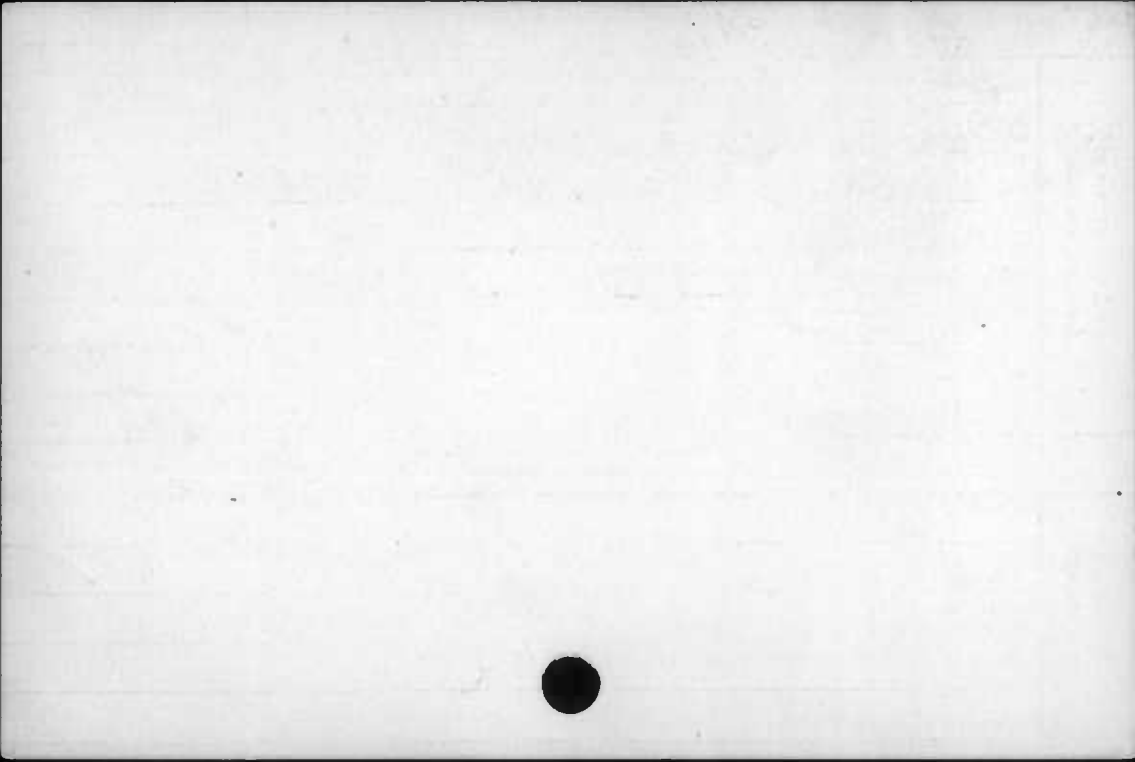
Name in Full		Mrs <i>Minnie Brinkham</i>				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	<i>San Mar</i>		County <i>Washington</i>		MARYLAND		
	Date of death	190	Month <i>Nov</i>	Day <i>6</i>	Age <i>38</i>	Months <i>8</i>	Days <i>7</i>	
	Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Fredrick Co Md</i>
	Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>San Mar</i>		
	Married, Single or Widowed	<i>single</i>		Name of Wife or Husband		<i>R. E. L. Brinkham</i>		
	Father's Name	<i>Martin Horine</i>				Father's Birthplace	<i>Fredrick Co</i>	
	Mother's Maiden Name	<i>Ellen Shank</i>				Mother's Birthplace	<i>" " "</i>	
	Name of person giving information	<i>R. E. L. Brinkham</i>				How related to deceased	<i>Husband</i>	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px;">43</div> </div>								
PHYSICIAN OR CORONER	Primary	<i>Cancer of Breast</i>				How long	<i>4 yrs</i>	
	Immediate	<i>Diabetes</i>				How long	<i>1 year</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician			
					Address			
					<i>S. S. Davis</i> <i>Brownboro</i> <i>Md</i>			
Accident or Suicide?								



Name in Full		Town		County		STATE	
Miss Blanche		Hagerstown		Wash.		MARYLAND	
Died at		Date of death		Age		Months Days	
1908		Nov 2		11		4 28	
Sex		Color or Race		Birth-place		Occupation	
Female		white		Dumville, Pa			
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband					
single							
Father's Name		Joseph C. Byron		Father's Birthplace		N.Y.	
Mother's Maiden Name		Jennie F. W. Wilson		Mother's Birthplace		Md.	
Name of person giving information		J. C. Byron		How related to deceased		father	
CAUSES OF DEATH							
Primary		Spondylitis		How long		Since Childhood	
Immediate		Rheumatism & Arteriosclerosis		How long		3 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W. P. Miller	
				Address		Hagerstown Md	
Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Benevola</i>		County <i>Washington</i>		State <i>MARYLAND</i>
	Date of death <i>1908</i>	Month <i>Nov.</i>	Day <i>6</i>	Age <i>8</i>	Years <i>8</i> Months <i>—</i> Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>		
	Occupation <i>None</i>	Where Residing If not at place of death			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband			
	Father's Name <i>Edmund Christinger</i>	Father's Birthplace <i>Maryland</i>			
	Mother's Maiden Name <i>Flora Moyer</i>	Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Edmund Christinger</i>	How related to deceased <i>Father</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Cerebro. Spinal Meningitis</i>		How long	<i>10 days</i>
	Immediate	<i>Exhaustion</i>		How long	<i>2 days</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>J. Hulst, M.D.</i>
			Address	<i>Boonsboro, Md.</i>	
	Accident or Suicide?		<i>No.</i>	<i>Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Gittie's Dore's

Town Hagerstown County Wash **MARYLAND**

Died at Hagerstown

Date of death 190 8 Month Nov. Day 9 Age 86 Months Days

Sex Female Color or Race Colored Birth-place Cherry Spring

Occupation None Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Jessie Dore's

Father's Name Not know Father's Birthplace Not know

Mother's Maiden Name " " Mother's Birthplace " "

Name of person giving Information Mrs. Summers How related to deceased Son &

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Paralysis How long 3 weeks

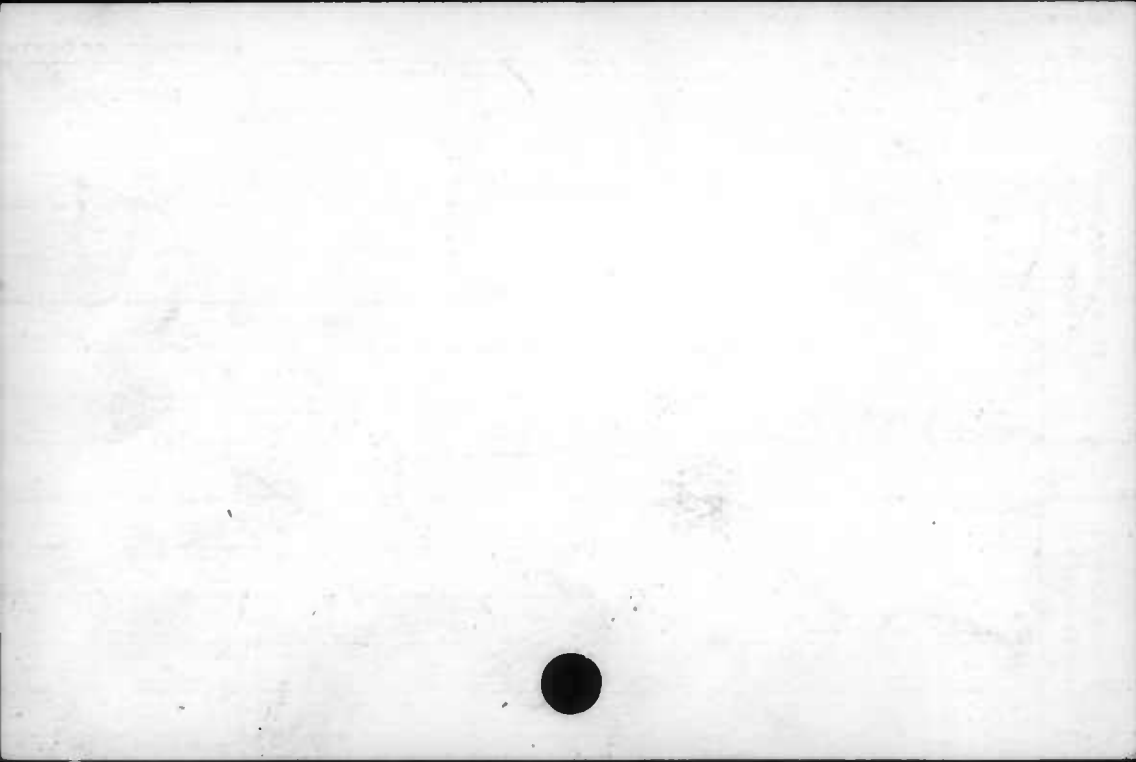
Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. M. Wertz

Address Hagerstown

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Date of death	1908	Month <i>Nov</i>	Day <i>8</i>	Age <i>79</i>	Months Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Kentucky</i>		
Occupation <i>N. W.</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>	Name of Husband <i>Joseph Douglas</i>				
Father's Name <i>James Banton</i>	Father's Birthplace <i>Kentucky</i>				
Mother's Maiden Name <i>Elizabeth Lindsay</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs Overholt</i>	How related to deceased <i>daughter</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>chronic nephritis & endocarditis</i>	How long <i>2-3</i>
Immediate <i>emilia</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. F. Weston</i>
	Address <i>Hag. Md.</i>
Accident or Suicide? <i>No</i>	

5
2896

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Dowler
 Died at *Hagerstown* Town *Wash.* County
 Date of death *1908* Month *Nov* Day *9* Age *71* Years Months Days
 Sex *male* Color or Race *white* Birth-place *Md.*
 Occupation *Farmer* Where Residing if not at place of death
 Married, Single or Widowed *married* Name of Wife or Husband *Mary Dowler*
 Father's Name *James C Dowler* Father's Birthplace *Md.*
 Mother's Maiden Name *Phoebe Robinson* Mother's Birthplace *"*
 Name of person giving information *Mary Dowler* How related to deceased *wife*

CAUSES OF DEATH

Primary *Carcinoma of Stomach* How long *6 mos*

Immediate *Hæmaturia* How long *24 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yrs*

Signature of Physician

Address

Accident or Suicide? *—*PHYSICIAN
OR CORONER

S-2897

Wt. Barrel,

0/70/10/16

Wt. Barrel

Name
in
Full

Mrs Elizabeth Eichelberger

CERTIFICATE OF DEATH

Died at *Morrisville*

Town

Washington

County

MARYLAND

Date

of death *1908*

Month

Nov

Day

9

Age

Years

84

Months

11

Days

26

Sex

*Female*Color or
Race*White*Birth-
place*Md*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*George Eichelberger*Father's
Name*Philip Mouse*Father's
Birthplace*Md*Mother's
Maiden Name*Elizabeth Tickerhoof*Mother's
Birthplace*11*Name of person giving
In formation*Jack Eichelberger*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Complications of Old Age

How long

5-6 weeks

Immediate

Exhaustion

How long

*Gradual*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J. P. Perry
Clearspring
Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Wm Hunter Eversole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Charlottesville Sta		County Washington		MARYLAND	
Date of death	1908	Month Nov	Day 23	Age 31	Years 8	Months 9	Days
Sex	Male		Color or Race	White		Birth- place	Clarksburg Ma
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Alice Miles			
Father's Name	Cromwell Eversole				Father's Birthplace	Unknown	
Mother's Maiden Name	Henrietta Kline				Mother's Birthplace	Unknown	
Name of person giving Information	Mary A Eversole				How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	4 weeks.
Immediate	Intestinal Hemorrhage		How long	24 hrs.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	Dr. H. C. Foster
			Address	Clarksburg
Accident or Suicide?				

11

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23

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1908

$$\begin{array}{r} 1877 \\ \hline .31 \end{array}$$

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Benjamin Franklin Trantz

Died at *Ringgold* Town*Washington* County

MARYLAND

Date of death *1908* Month *Nov*Day *2*Age *61* YearsMonths *8*Days *19*Sex *Male*Color or
Race*White*Birth-
place*Penna*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Matthie Trantz*Father's
Name*Abraham Trantz*Father's
Birthplace*Penna*Mother's
Maiden Name*Martha Groff*Mother's
Birthplace*Penna*Name of person giving
In formation*Matthie Trantz*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Cerebral degeneration & hemorrhage

How long

Immediate

Paralysis

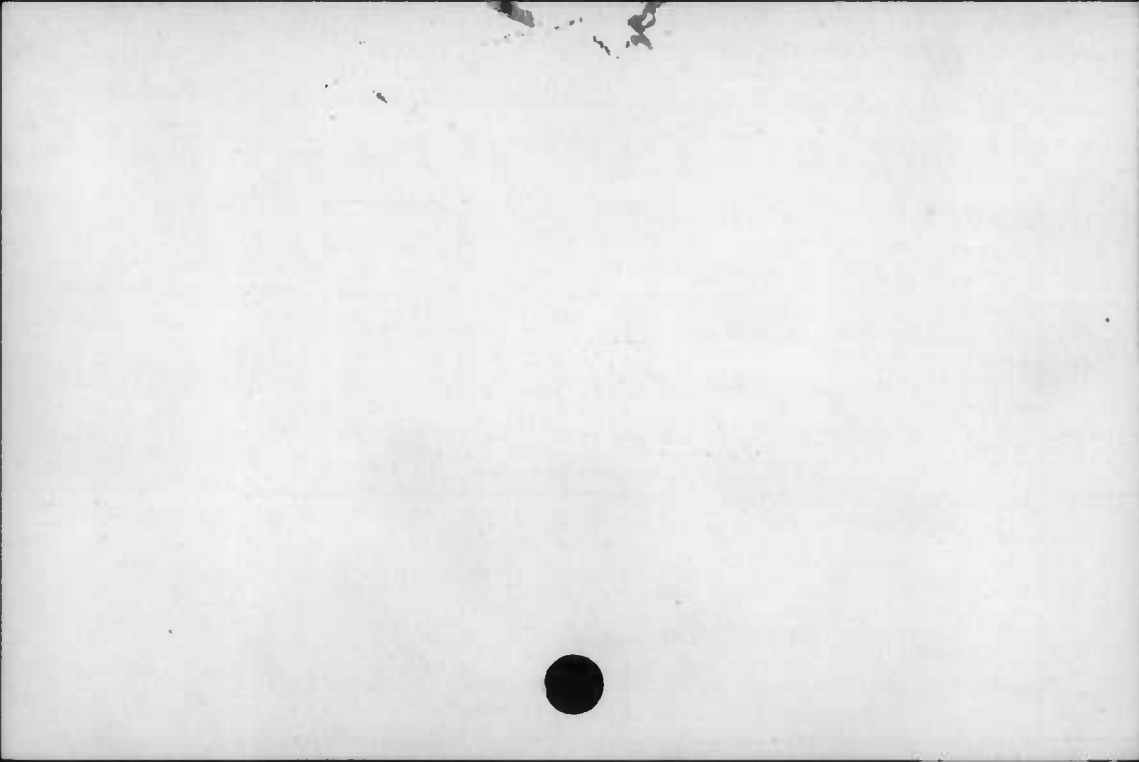
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*J. E. Amberson*

Address

Wagnerboro Pa

Accident or Suicide?



Name in Full		Edward H Funk				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Hagerstown		^{County} Washington		MARYLAND			
	Date of death	1908	Month	11	Day	15	Age	38
	Sex		Male		Color or Race		White	
	Occupation		Saddler		Birth-place		Md	
	Where Residing if not at place of death							
	Married, Single or Widowed		Married		Name of Wife or Husband		Mary E Funk	
	Father's Name		Michael Funk		Father's Birthplace		Md	
	Mother's Maiden Name		Barbara Hersher		Mother's Birthplace		Md	
Name of person giving information		Mary E Funk		How related to deceased		Wife		
<div>CAUSES OF DEATH</div> <div>104</div>								
PHYSICIAN OR CORONER	Primary		Gastritis		How long		6 days -	
	Immediate		Heart Failure		How long		4 hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		E. McChindell, M. D.	
					Address		Hagerstown, Md	
	Accident or Suicide?							

At the same
time and

Name
in
Full

Mr. John W. Frank

CERTIFICATE OF DEATH

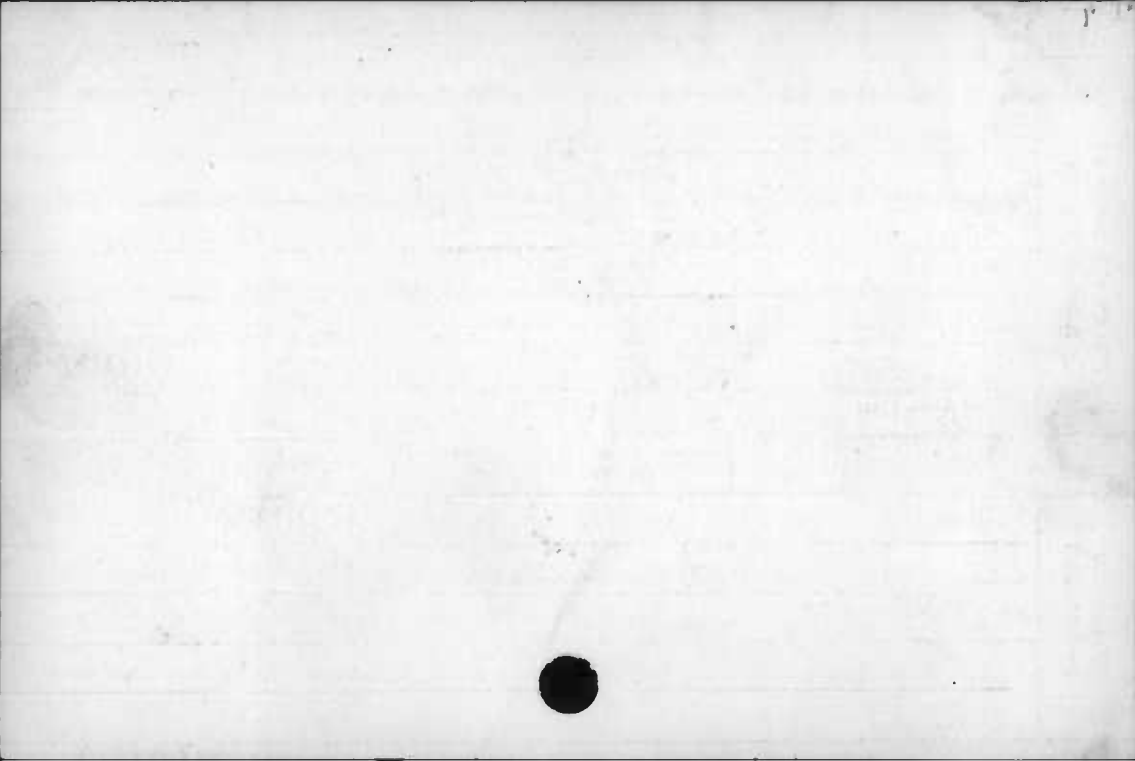
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smoketown</i> ^{town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	190 <i>8</i> ^{Month}	<i>6</i> ^{Day}	Age <i>79</i> ^{Years}	<i>8</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Washington Co</i>		
Occupation <i>Retired Farmer</i>	Where Residing if not at place of death <i>Smoketown</i>				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Mary Funk</i>				
Father's Name <i>Jacob Funk</i>	Father's Birthplace <i>Washington Co</i>				
Mother's Maiden Name <i>not known</i>	Mother's Birthplace <i>not known</i>				
Name of person giving information <i>Elmer Funk</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>6 yrs</i>
Immediate <i>Severe Debility</i>	How long <i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. S. Davis</i>
	Address <i>Barnabors Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Nancy J. Gabriel</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>11</i>		Day <i>12</i>		Years <i>78</i>	
Date of death <i>1908</i>		Age <i>78</i>		Months <i>1</i>		Days <i>17</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Retired (Formerly Farmer's wife)</i>		Where Residing If not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Wm. Gabriel</i>					
Father's Name <i>John Walgamut</i>		Father's Birthplace <i>Not known</i>					
Mother's Maiden Name <i>Eve Rice</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Franklin J. Gabriel</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Endocarditis & Nephritis</i>	How long <i>37 years</i>
Immediate <i>Exhaustion & Uræmia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>N. J. Driller, Jr.</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>No</i>	

W
Carpenter

Name
in
Full

Rose Ann Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

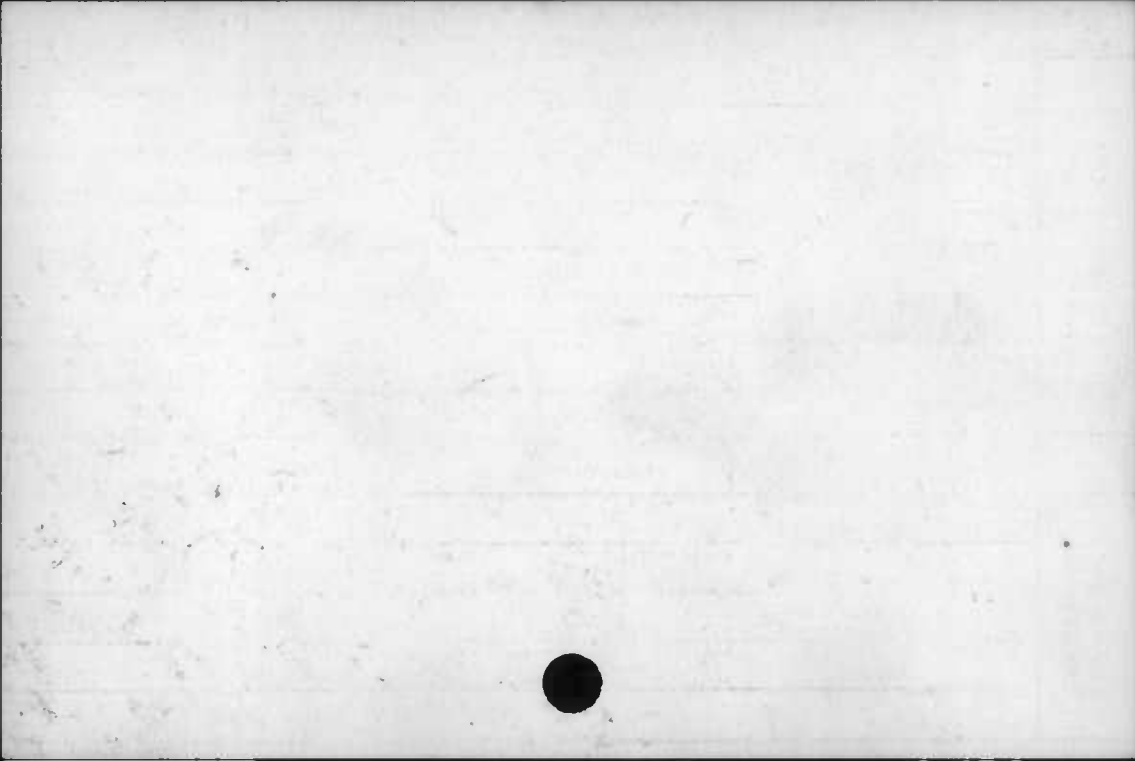
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Nov.	20	27			23
Sex		Color or Race		Birth-place			
Female		White		Georgetown			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Albertus Herman Gardner					
Father's Name		Jacob Teach		Father's Birthplace			
				Franklin Co Pa			
Mother's Maiden Name		Mary Bear		Mother's Birthplace			
				Jones Chapel			
Name of person giving information		A. V. Gardner		How related to deceased			
				Husband			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	10 months
Immediate	Uræmia.	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Ernest H. Gathes	
		Address	
		Williamsport, Md.	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jail Bailey</i>		Town <i>Goldland</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Williamsport</i>		Month <i>Nov.</i>		Day <i>4</i>		Age <i>24</i>	
Date of death <i>1908</i>		Months <i>1</i>		Days <i>4</i>			
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Wash. Co Md</i>			
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>Williamsport</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Frank T. Goldland</i>		Father's Birthplace <i>Wash. Co Md</i>					
Mother's Maiden Name <i>Sallie C. Wareham</i>		Mother's Birthplace <i>Wash. Co Md</i>					
Name of person giving information <i>F. T. Goldland</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary <i>Erysipelas.</i>	How long <i>one week</i>
Immediate <i>Blood Poisoning</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. S. Richardson</i>
	Address <i>Williamsport Md</i>
Accident or Suicide? <i>No.</i>	

W
2892 .
Nov. 6

Name
in
Full

Virginia H. Griffith

CERTIFICATE OF DEATH

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NEAREST FRIEND

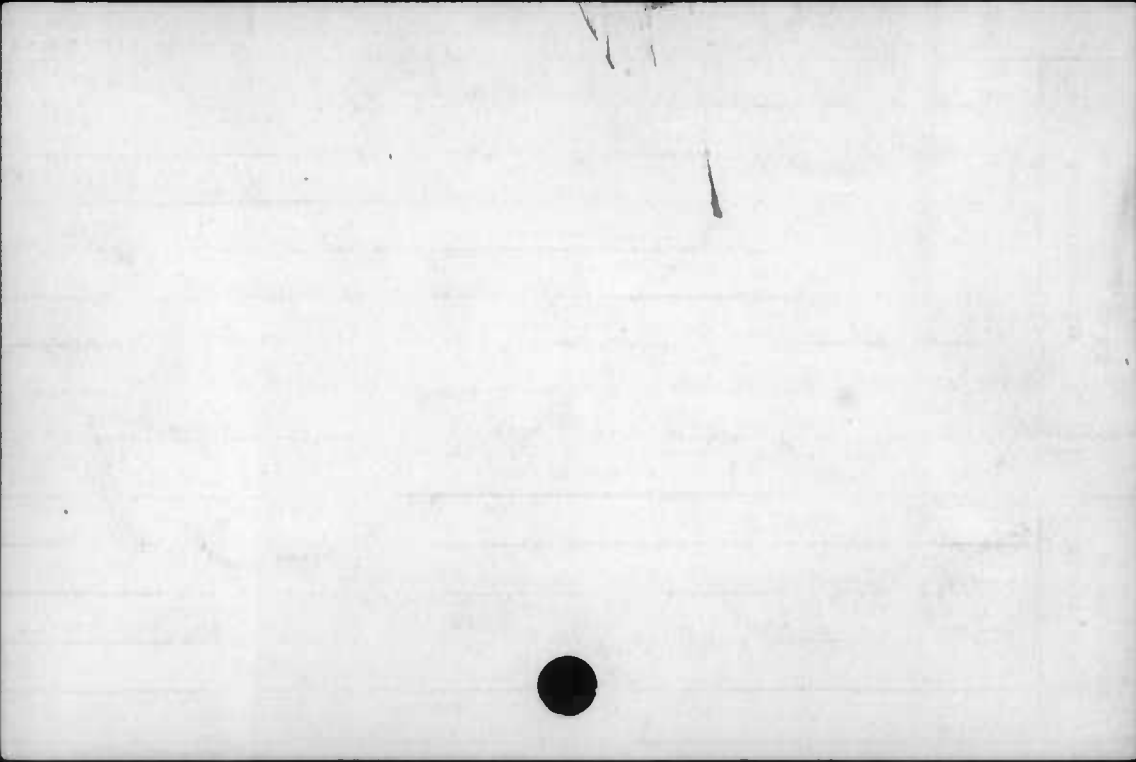
Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>11</i>	Day <i>22</i>	Years <i>38</i>	Months <i>5</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Va.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband <i>Joseph B. Griffith</i>				
Father's Name <i>Joseph H. Ashwood</i>	Father's Birthplace <i>Va</i>		Mother's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Magdaline</i>	Name of person giving information <i>Joseph B. Griffith</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>12 days</i>
Immediate <i>Heart Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Moman</i>
<i>No</i>	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Edward J. Grim

CERTIFICATE OF DEATH

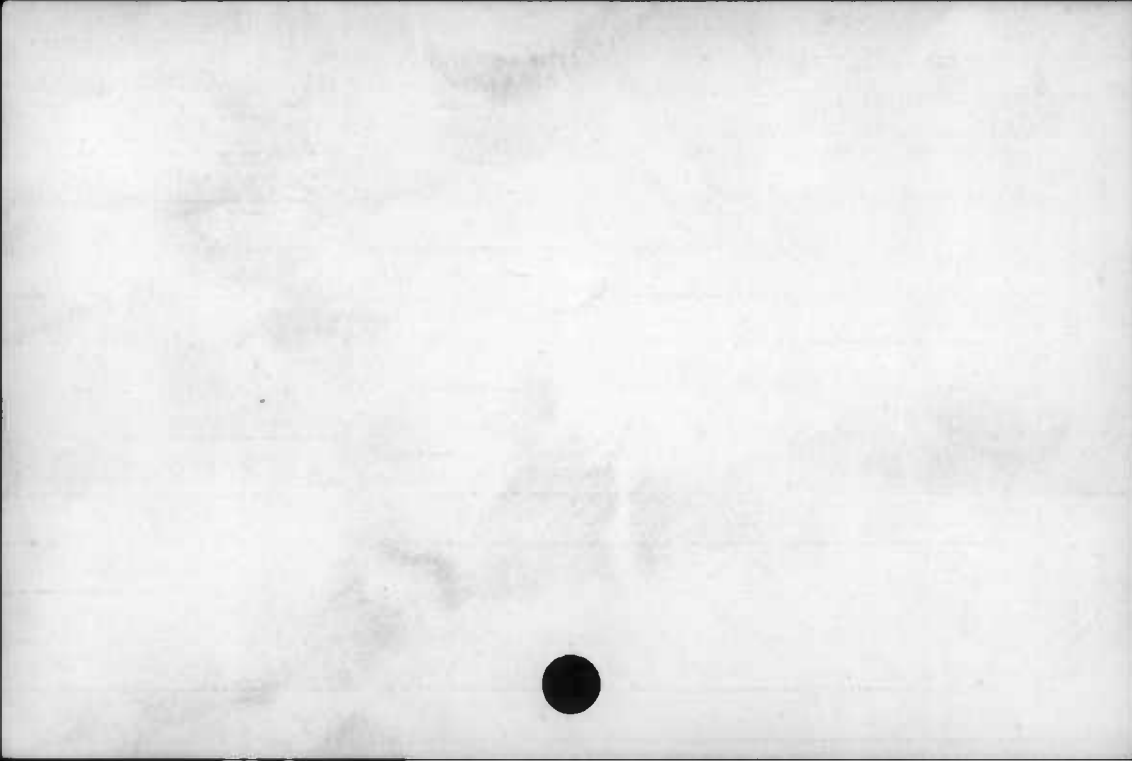
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Wagons town</i>		County <i>Wash.</i>		MARYLAND	
Date of death		Month <i>11</i>	Day <i>21</i>	Age <i>32</i>	Years	Months <i>10</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>				
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>John B. Grim</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Susan Johnson</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs. Biser Rogers</i>		How related to deceased <i>sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Nephritis</i>	How long	<i>3 months</i>
Immediate	<i>Anaemia</i>	How long	<i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Daniel G. Watkins</i>	
		Address <i>Wagons town Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

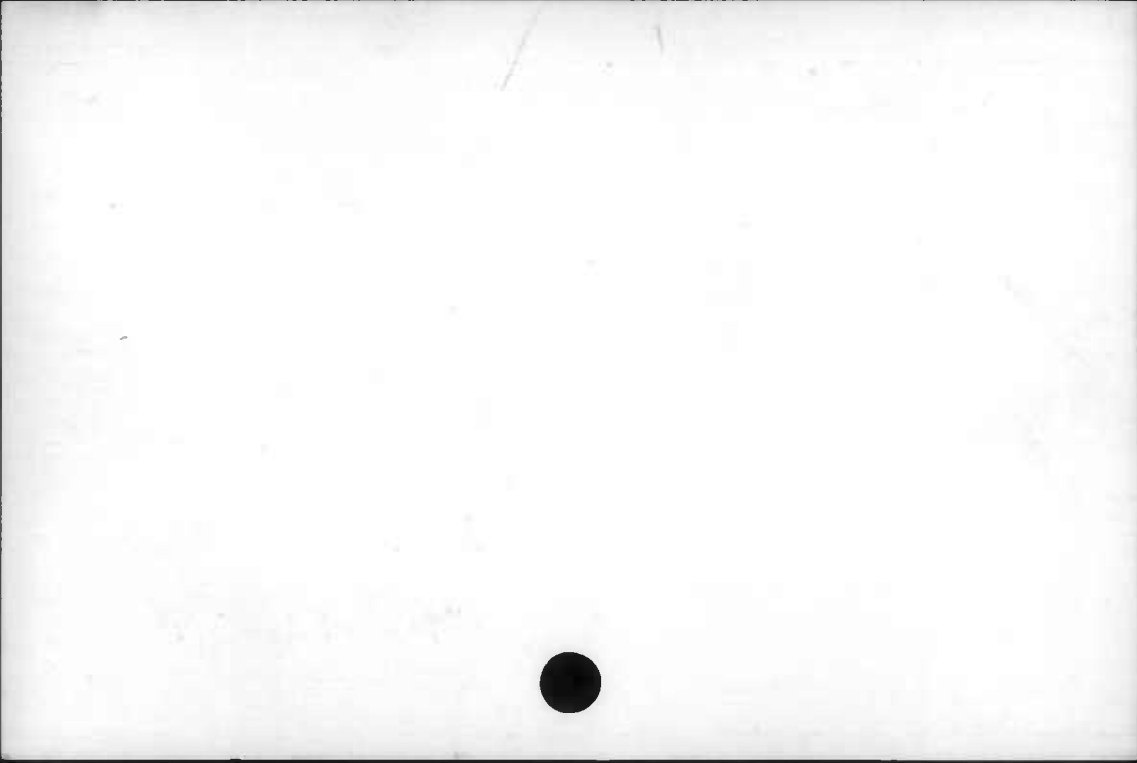
Died at <u>WilliamSPORT</u> ^{Town}		<u>Wash</u> ^{County}		MARYLAND	
Date of death 190 <u>8</u> ^{Month} <u>Nov</u> ^{Day} <u>20</u>		Age <u>Three hours</u> ^{Years}		<u> </u> ^{Months} <u> </u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>WilliamSPORT</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>WilliamSPORT</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Samuel Hall</u>		Father's Birthplace <u>Wash. Co.</u>			
Mother's Maiden Name <u>Belva Turner</u>		Mother's Birthplace <u>Wash. Co.</u>			
Name of person giving information <u>Samuel Hall</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Premature birth</u>	How long	<u>Four hours</u>
Immediate	<u>Exhaustion</u>	How long	<u> </u>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <u>W. S. Richardson</u>	
<u>Yes</u>		Address <u>WilliamSPORT Md</u>	
Accident or Suicide <u>Yes</u>			



Name
in
Full

Maggie Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Williamsport ^{County} Washington		MARYLAND	
Date of death 1908	Month Nov.	Day 20	Age Three hours
Sex Female	Color or Race White	Birth-place Williamsport	
Occupation None	Where Residing if not at place of death Williamsport		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name Samuel Hall	Father's Birthplace Wash. Co.		
Mother's Maiden Name Belva Turner	Mother's Birthplace Wash. Co.		
Name of person giving Information Samuel Hall	How related to deceased Father		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature birth	How long Four hours
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician W. Richardson
		Address Williamsport Md
Accident or Suicide	Yes	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harry F House

Died at ^{Town} *Marysville* ^{County} *Washington* **MARYLAND**

Date of death *1908* ^{Month} *11* ^{Day} *25* ^{Years} *26* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Isene House*

Father's Name *Abraham Buckley* Father's Birthplace *Ind*

Mother's Maiden Name *Ida Buckley* Mother's Birthplace *Ind*

Name of person giving information *Isene House* How related to deceased *Wife*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Nephritis* How long *Years*

Immediate *Auto-intoxication* How long *Days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Immuty*

Address *Washington*

Accident or Suicide?

A. K. Coffman
Broadfording

Name
in
Full

Charles Albert Hoover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

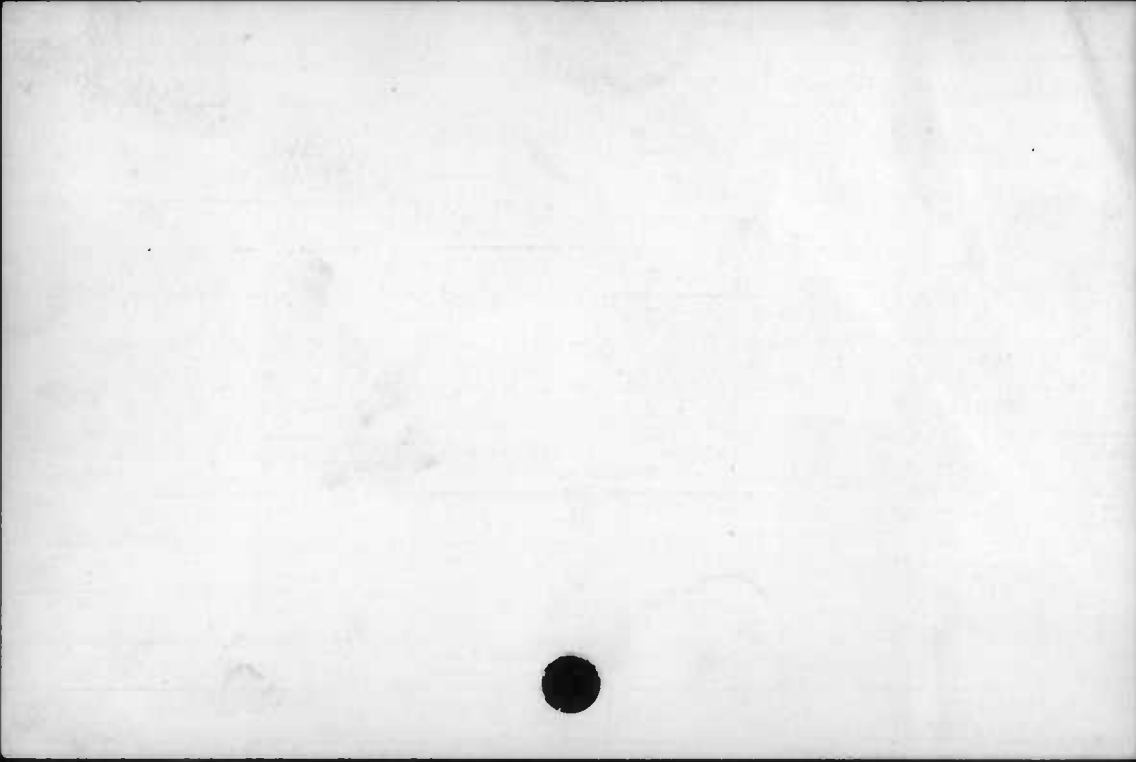
Died at		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death		Month <i>11</i>	Day <i>12</i>	Age <i>—</i>	Months <i>1</i>	Days <i>—</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jesse Hoover</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Addie Rowe</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Jesse Hoover</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Prater - Miller</i>
	Address <i>Okla. Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

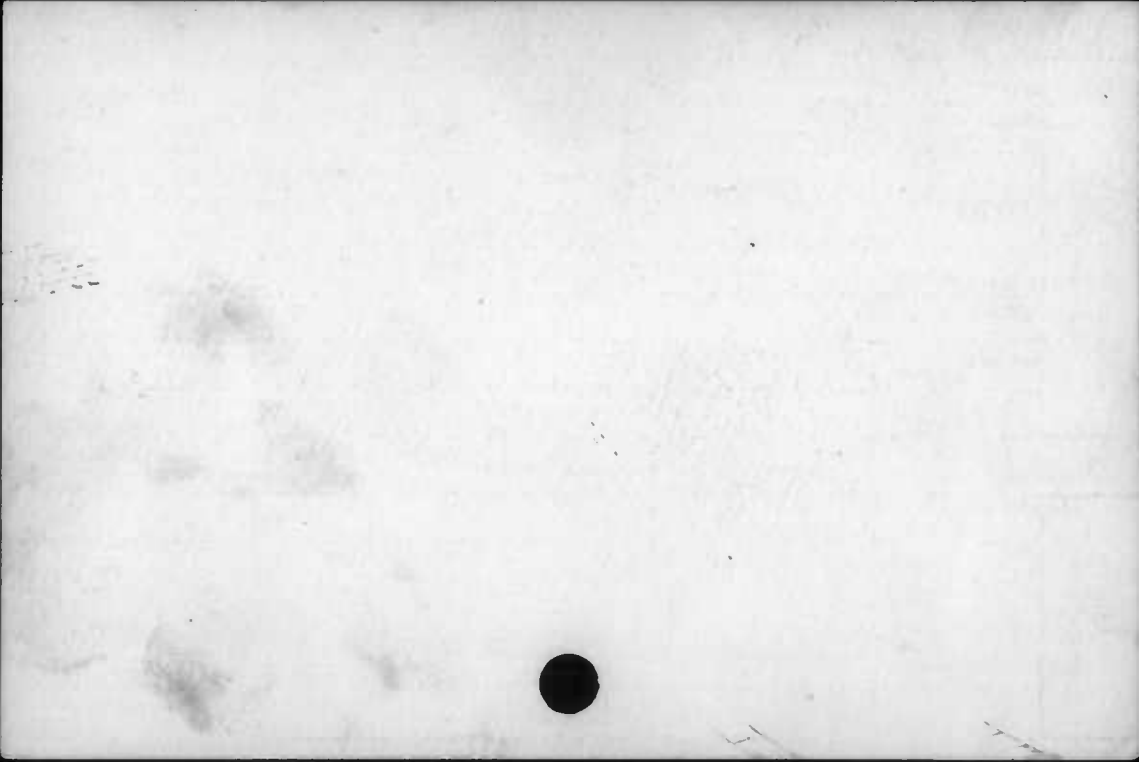
CERTIFICATE OF DEATH

Name in Full <i>Elizabeth Horst</i>		Town <i>Bearford</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Bearford</i>		Month <i>Nov</i>		Day <i>25</i>		Age <i>57</i>	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>25</i>		Age <i>57</i>	
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>Lancaster Pa</i>		Months <i>4</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death		Days <i>19</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Samuel E Horst</i>					
Father's Name <i>Moses Martin</i>		Father's Birthplace <i>Lancaster Pa</i>					
Mother's Maiden Name <i>Mary Haltman</i>		Mother's Birthplace <i>Chester Co Pa</i>					
Name of person giving information <i>Samuel E Horst</i>		How related to deceased					

CAUSES OF DEATH

40

TO BE ANSWERED BY NEAREST FRIEND	Primary Cause of Death <i>Carcinoma of Stomach</i>	How long <i>4-12-10</i>
	Immediate Cause of Death <i>—</i>	How long <i>—</i>
	Are the name, age, sex, color, date and place correctly given above? <i>4/100</i>	Signature of Physician <i>D. C. R. Miller</i>
	<i>A. R. Brewbaker</i>	Address <i>State St. Pa</i>
	Accident or Suicide? <i>—</i>	<i>716 0566 & 01406, Pa.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Wash</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>11</i> <small>Month</small>	<i>29</i> <small>Day</small>	Age <i>40</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>D. of C.</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Thomas Hunt</i>	Father's Birthplace <i>VA</i>		Mother's Birthplace <i>Alexandria, Va.</i>		
Mother's Maiden Name <i>Not Known</i>	Name of person giving information <i>Geo Wiley</i>		How related to deceased <i>nephew</i>		

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary <i>Chronic alcoholism.</i>	How long <i>years.</i>
Immediate <i>Uremic Poisoning</i>	How long <i>10 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. H. Hunsley.</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Ethel Grace Hurston

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death	190	Month	11	Day	24	Age	3
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

9

Primary	Pseudo-diphtheria	How long	9 days
Immediate	Heart failure & Dyspnoea	How long	15 minutes
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Daniel A. Watkins	
Address		Hagerstown Ind.	
Accident or Suicide?			

Litersburg

Name
In
Full

Mary Ellen Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown		^{County} Washington		MARYLAND	
Date of death	1908	Month	11	Day	20
Age	32	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Na
Occupation	Domestic		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Samuel Jackson			Father's Birthplace	Na
Mother's Maiden Name	No record			Mother's Birthplace	unknown
Name of person giving information	Fannie House			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Blood Poison	How long	1 wk.
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. B. Wilson M.D.
		Address	159 1/2 N. Jonathan St. Hagerstown Md.
Accident or Suicide?	no		

Cozumel
Halfway

3

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

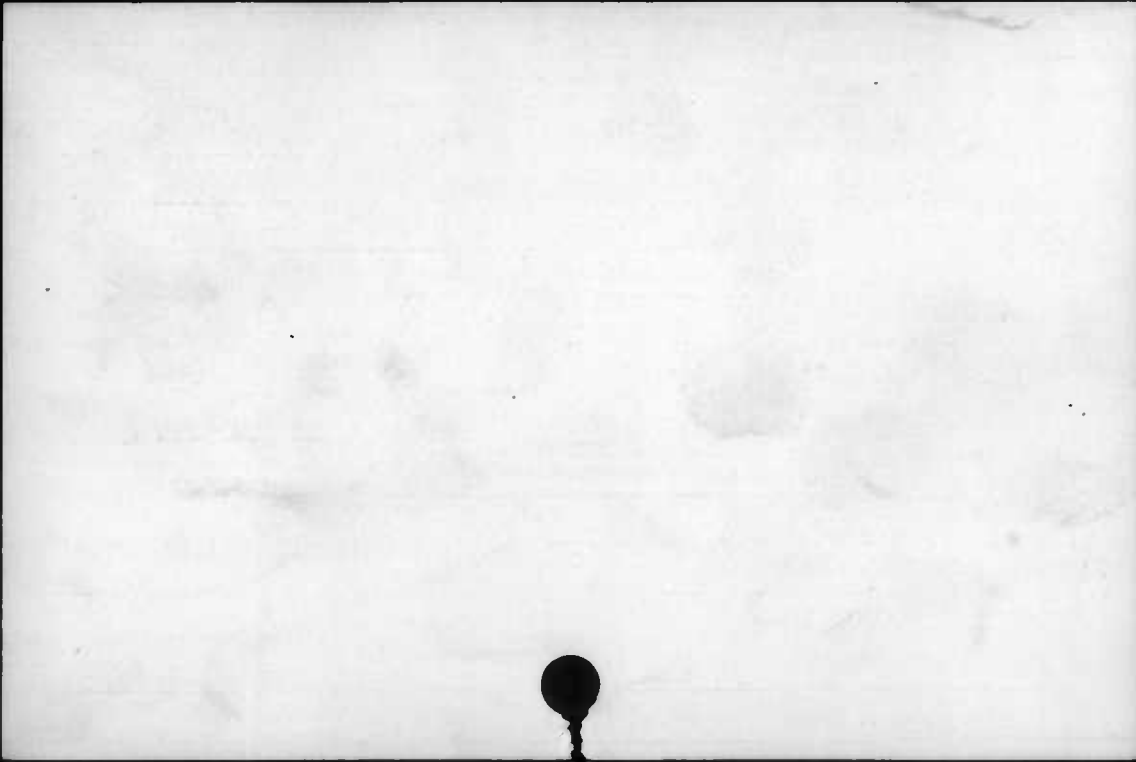
Died at		Town Hagerstown		County Wash		MARYLAND	
Date of death	1908	Month 11	Day 29	Age 78	Years 7	Months 14	Days
Sex	male		Color or Race	white		Birth- place	Ind.
Occupation	Physician			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Mary E Johnson			
Father's Name	Tobias Johnson				Father's Birthplace	Ind.	
Mother's Maiden Name	Ruth A. Mason				Mother's Birthplace	Ind.	
Name of person giving In formation	Mrs. E. W. Burns				How related to deceased	daughter	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Sensitivity	How long	3 years
Immediate	Paralysis	How long	6 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Hagerstown	
Accident or Suicide?			



Name
in
Full

David Albert King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ringgold</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Month} <u>Nov</u> ^{Day} <u>26</u>	Age	<u>52</u> ^{Years}	<u>10</u> ^{Months}	<u>27</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind</u>
Occupation	<u>Cabinetmaker</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Mrs. Albert King.</u>		
Father's Name	<u>Jacob L King</u>		Father's Birthplace	<u>Ind</u>	
Mother's Maiden Name	<u>Anna Richard</u>		Mother's Birthplace	<u>Ind</u>	
Name of person giving information	<u>Alice King</u>		How related to deceased	<u>Wife</u>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Nephritis</u>	How long	<u>Several years</u>
Immediate	<u>" Dropsy</u>	How long	<u>more than a year</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Dr Joe. Prohman</u>
		Address	<u>Smithsburg Md</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hayestown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u>	Month <u>11</u>	Day <u>12</u>	Age <u>18</u>	Months <u>11</u> Days <u>29</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>MD</u>		
Occupation <u>Mail Carrier</u>			Where Residing if not at place of death <u>_____</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>_____</u>			
Father's Name <u>Charles Kreig</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Lillie Frye</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Charles Kreig</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary	<u>Appendicitis</u>	How long	<u>Five days</u>
Immediate	<u>Exhaustion</u>	How long	<u>Five hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. L. V. Morgan</u>	
		Address <u>Washington, Md.</u>	
Accident or Suicide? <u>No</u>			

- M. G. G. G. G.
Rend Hill

Name
in
Full

Dr. Lewis Lamar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Benevola</i>		County <i>Wash</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov.</i>	Day <i>12</i>	Years <i>70</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wash Co.</i>		
Occupation <i>Physician</i>	Where Residing if not at place of death <i>Benevola</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Susan Snyder Lamar</i>				
Father's Name <i>Wm. B. Lamar</i>	Father's Birthplace <i>Fred Co</i>				
Mother's Maiden Name <i>Eliz. E. Harley</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Susan Lamar</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>Immediate</i>
Immediate <i>Paralysis</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. S. Davis</i>
	Address <i>Boonsboro</i>
Accident or Suicide? <i>No</i>	<i>Met-</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Christley Landis</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Diad at <i>Hagerstown</i>		Month <i>11</i>		Day <i>9</i>		Years <i>68</i>	
Date of death <i>1908</i>		Month <i>11</i>		Day <i>9</i>		Age <i>68</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation <i>Hotel Proprietor</i>		Where Residing if not at place of death <i>md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ellen Landis</i>					
Father's Name <i>Henry Landis</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Lavinia Middlecamp</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Ellen Landis</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

18

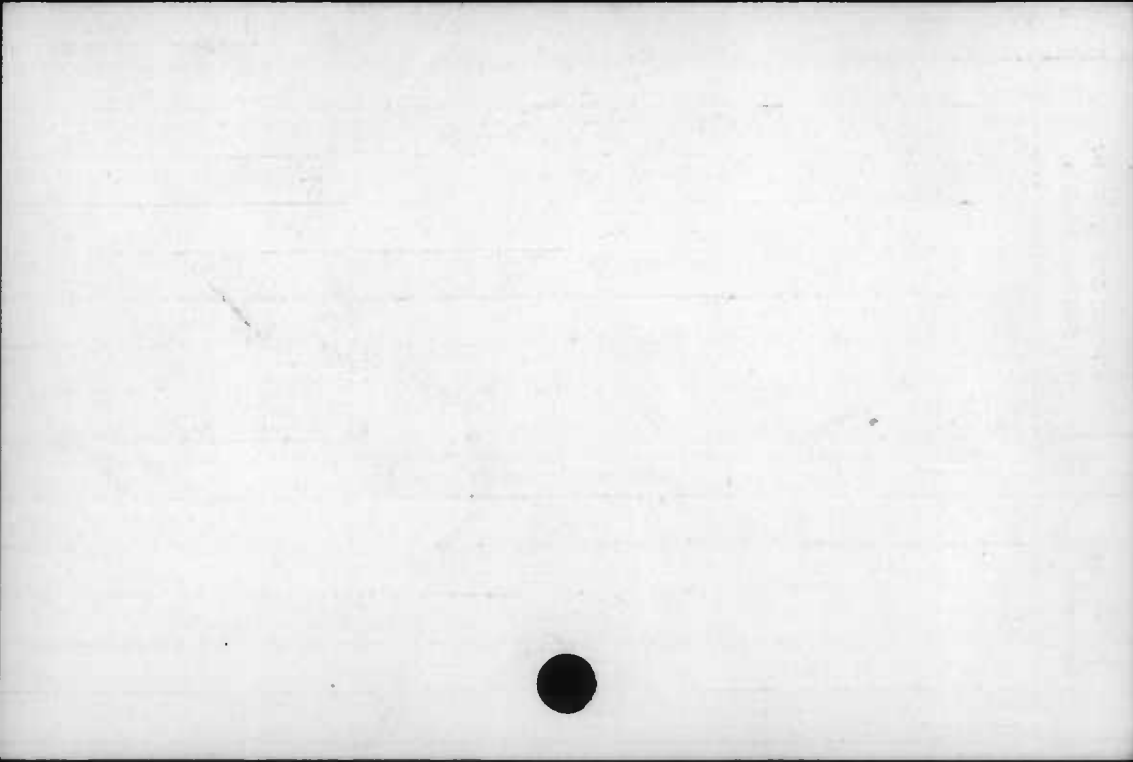
PHYSICIAN
OR CORONER

Primary <i>Erysipelas</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ed. Warburton</i>
	Address <i>Hagerstown md</i>
Reason for Suicide?	

AK Cyfarian
Bentley Creek
1905

D

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND
	Date of death <i>1908</i>	Month <i>11</i>	Day <i>16</i>	Age <i>24</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>	
	Occupation <i>Domestic</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Earnest Liger</i>			
	Father's Name <i>John Sprecher</i>	Father's Birthplace <i>Md</i>			
	Mother's Maiden Name <i>Catharine Feutinger</i>	Mother's Birthplace <i>Md</i>			
	Name of person giving information <i>Earnest Liger</i>		How related to deceased <i>Husband</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>		How long <i>2 yrs</i>		
	Immediate <i>Tubercle</i>		How long <i>2 wks</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Nutz</i>		
			Address <i>Hagerstown</i>		
	Accident or Suicide?				



Name
in
Full

Henrietta Malby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>11</i>		Day <i>12</i>		Age <i>79</i>		Months <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>					
Occupation <i>House work</i>				Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Malby</i>							
Father's Name <i>John Beecher</i>				Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Elinabeth Highlander</i>				Mother's Birthplace <i>Penn</i>					
Name of person giving information <i>John Malby</i>				How related to deceased <i>Husband</i>					

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>		How long <i>6 wks.</i>	
Immediate <i>Dyspnoea</i>		How long <i>few hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. P. Stauffer</i>	
		Address <i></i>	
Accident or Suicide? <i>No</i>			

Ad. C. J. W. an
Fairbury Pa

Name
in
Full

Walter W. Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brownsville		County Washington		MARYLAND	
Date of death		1908	Month 11	Day 21	Age 26	Years 5	Months —
Sex Male		Color or Race White		Birth-place Md			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Ada Ruffer					
Father's Name John Mills		Father's Birthplace Va					
Mother's Maiden Name Lucy Gordon		Mother's Birthplace Va					
Name of person giving information D. J. Yountee		How related to deceased Sot					

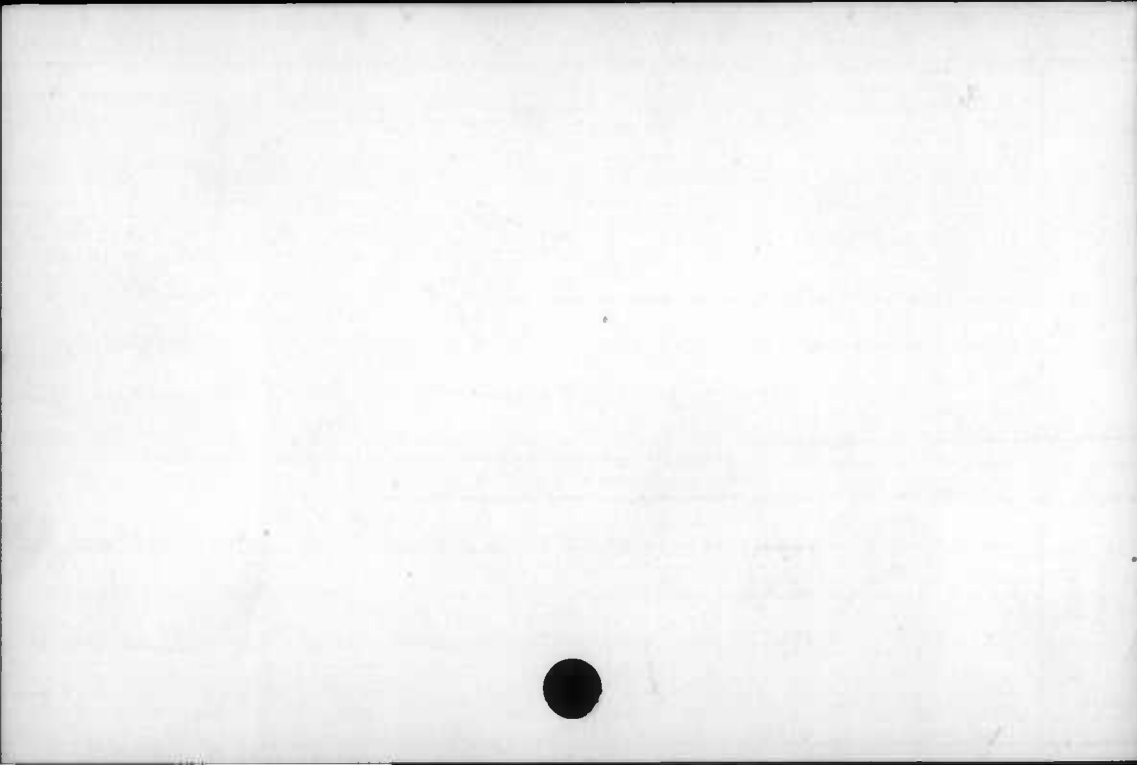
PHYSICIAN
OR CORONER

Upper third of os femoris
near femoral artery

CAUSES OF DEATH

45

Primary	Osteo. Sarcoma	How long	2 yrs
Immediate	Unavoidable hemorrhage.	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. J. Yountee	
Address		Brownsville, Md	
Accident or Suicide?			



Name in Full		Minnie May Neangens				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Hagerstown</u>		County <u>Wash.</u>		MARYLAND		
	Date of death	1908	Month	11	Day	10	
	Age		Years		Months		
	Sex		Female		Color or Race		
	Occupation		H. Wife		Birth-place		
	Where Residing if not at place of death		M.D.				
	Married, Single or Widowed		married		Name of Wife or Husband		
Father's Name		Jno. H. Gantz		Father's Birthplace			
Mother's Maiden Name		Marcella V. Smith		Mother's Birthplace			
Name of person giving information		Jno. H. Gantz		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis		How long		
	Immediate		Exhaustion		How long		
	Are the name, age, sex, color, date and place correctly given above?		32		3-4 years (?)		
	Signature of Physician		T. H. D. Miller, Jr.		3-4 months		
	Address		Hagerstown Md.				
Accident or Suicide?		No					

Nov 10/08,
Bach & Binning
Bronx, N.Y.,
2899

Name in Full		CERTIFICATE OF DEATH			
Richard Martin		Died at Hagerstown		County Washington	
		Town		County	
Date of death 1904		Month 11	Day 14	Age 75	Months 6
				Years	Days 17
Sex Male		Color or Race White		Birth-place England	
Occupation Baker		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Annie E. Digler			
Father's Name Richard Martin		Father's Birthplace England			
Mother's Maiden Name Elizabeth Bennett		Mother's Birthplace England			
Name of person giving information		How related to deceased Wife			
		CAUSES OF DEATH		125	
Primary Disease of bladder/prostate		How long 10 years			
Immediate Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. H. Pogue			
		Address Hagerstown, Md			
Accident or Suicide? no					

Smithburg

Name
in
Full

William Randolph, Neuse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

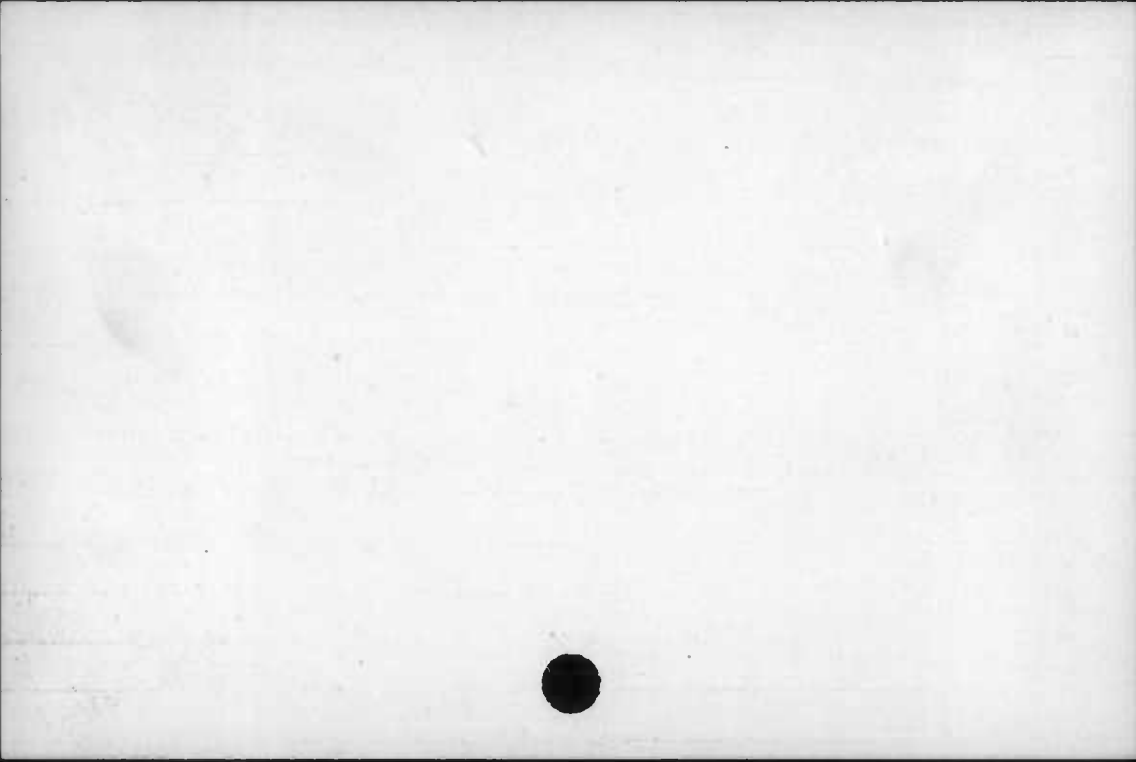
Died at <i>at company house</i>		Town <i>By Browning</i>	County <i>Washington</i>	MARYLAND	
Date of death <i>1909</i>	Month <i>Nov</i>	Day <i>20</i>	Age <i>9</i>	Months	Days <i>17</i>
Sex <i>Boy</i>	Color or Race <i>white</i>		Birth-place <i>Georgetown D.C.</i>		
Occupation <i>Ice Boy</i>	Where Residing if not at place of death <i>Cumberland and</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>John Neuse</i>	Father's Birthplace <i>Old town</i>				
Mother's Maiden Name <i>Victoria Carthard</i>	Mother's Birthplace <i>Cumberland</i>				
Name of person giving information <i>Victoria Eaton</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary <i>Drowning in the canal</i>	How long <i>Immediately</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Chrisman</i>
	Address <i>Williamport Md</i>
Accident or Suicide?	<i>coroner</i>



Name
in
Full

Gracie Noos

CERTIFICATE OF DEATH

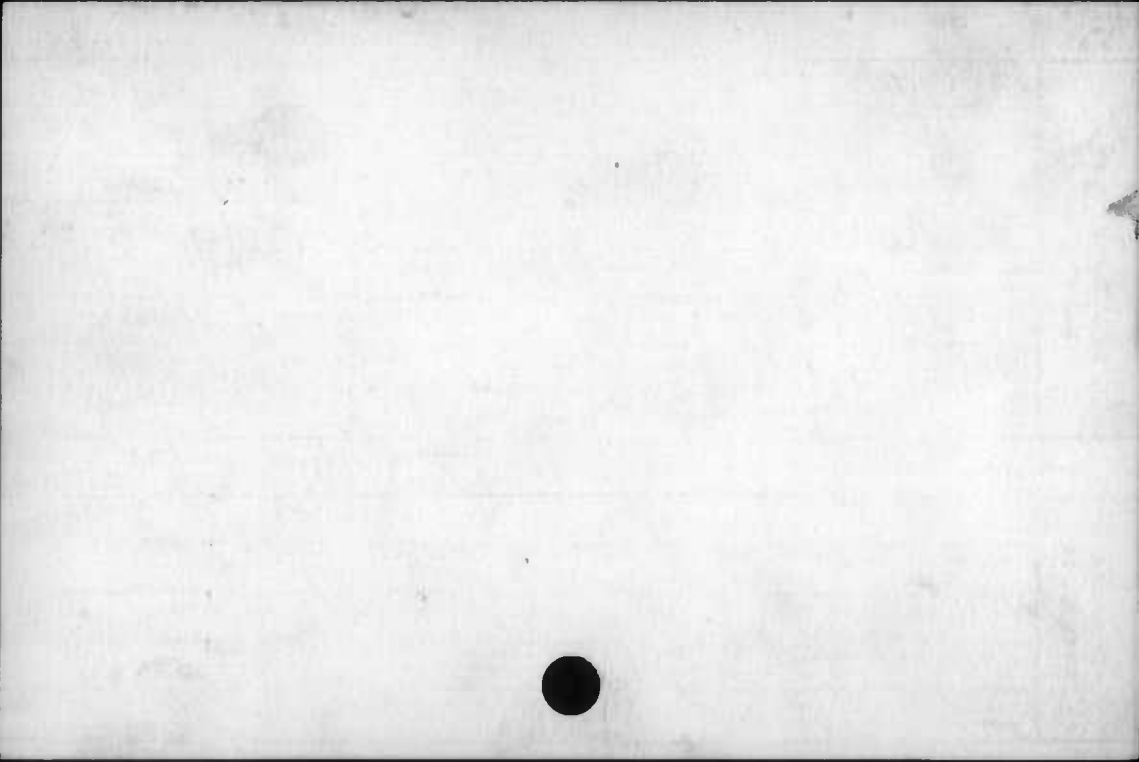
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keektryshi</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov.</i>	Day <i>16</i>	Age <i>2</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Keektryshi</i>		at place of death		
Occupation <i>infant</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Daniel Noos</i>			Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Carrie Mustoff</i>			Mother's Birthplace <i>Mo.</i>				
Name of person giving information <i>Henry Marshall</i>			How related to deceased <i>not at all</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Membranous Croup</i>	How long <i>one day</i>
Immediate <i>Laryngeal Stenosis</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. B. Ranson</i>
	Address <i>Harkers Ferry, W. Va.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Margaret Poffenbarger		Town Sharpsburg		County Washington		State MARYLAND	
Died at		Date of death 1908		Age 90		Months 2 Days 29	
Sex Female		Color or Race White		Birth-place Thirlmans			
Occupation None		Where Residing if not at place of death Sharpsburg					
Married, Single or Widowed		Name of Wife or Husband John Poffenbarger					
Father's Name John Wack		Father's Birthplace Don't know					
Mother's Maiden Name Charlotte Osterdock		Mother's Birthplace Don't know					
Name of person giving information Otto Poffenbarger		How related to deceased Son					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	General Debility	How long	
Immediate	Just worn out	How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician S. H. Gardner	
		Address Sharpsburg Md	
Accident or Suicide?			

L E Dummer & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Alice Rebling		Town Hagerstown		County Washington		State MARYLAND	
Died at Hagerstown		Month 11		Day 28		Age 34	
Date of death 1908		Months —		Days —			
Sex Female		Color or Race White		Birth-place Pu			
Occupation Domestic		Where Residing if not at place of death —					
Married, Single Widowed		Name of Wife or Husband Albert A. Rebling					
Father's Name Jonathan Robinson		Father's Birthplace Pu					
Mother's Maiden Name No record of		Mother's Birthplace Don't know					
Name of person giving information Charles E. Barber		How related to deceased Nephew					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long (27) 3 Months
Immediate	Pulmonary tuberculosis	How long 3 Months
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician J. R. Laughlin
		Address Hagerstown, Md.
Accident or Suicide? —		

A K Hoffman
at. Hagerstown

Name
in
Full

CERTIFICATE OF DEATH

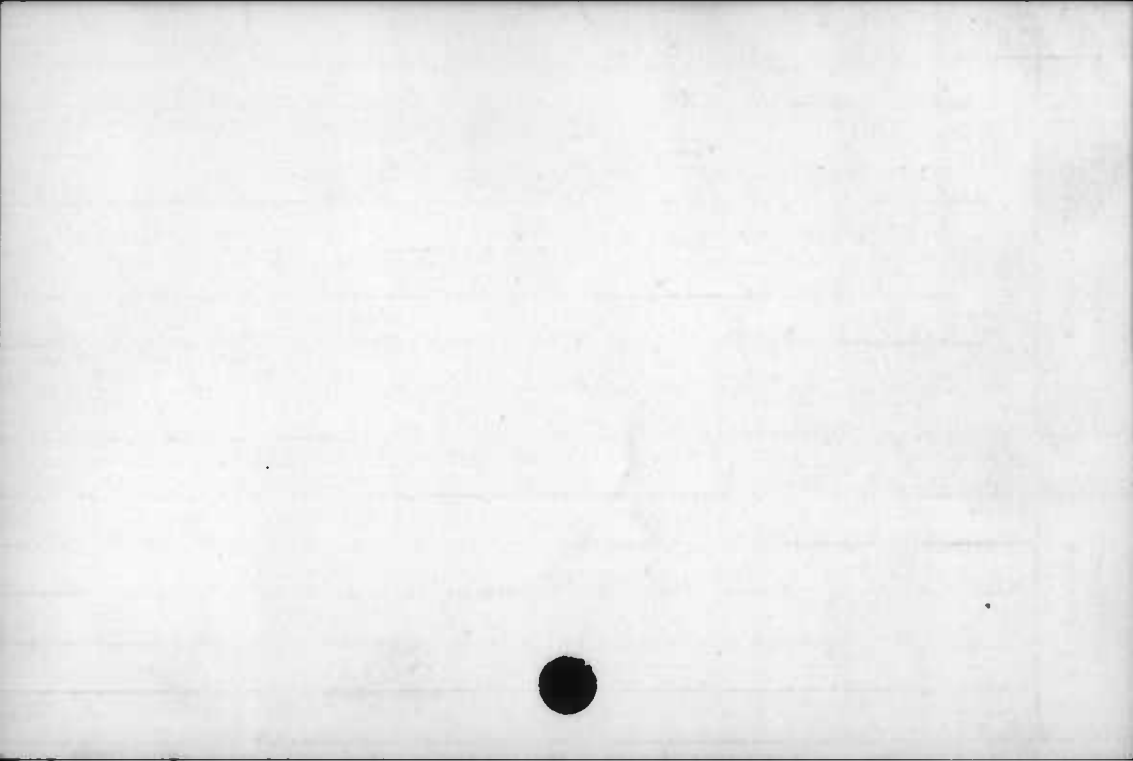
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Robert M. Sanders</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>11</i>		Day <i>28</i>		Age <i>66</i>	
Date of death <i>1908</i>		Months <i>2</i>		Days <i>20</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Va</i>			
Occupation <i>Blacksmith</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna A Betts</i>					
Father's Name <i>John Sanders</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Rebecca Wallick</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Mrs Anna A Sanders</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>		How long <i>10 days</i>	
Immediate <i>Exhaustion</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. C. Warzfar</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide? <i>No</i>			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

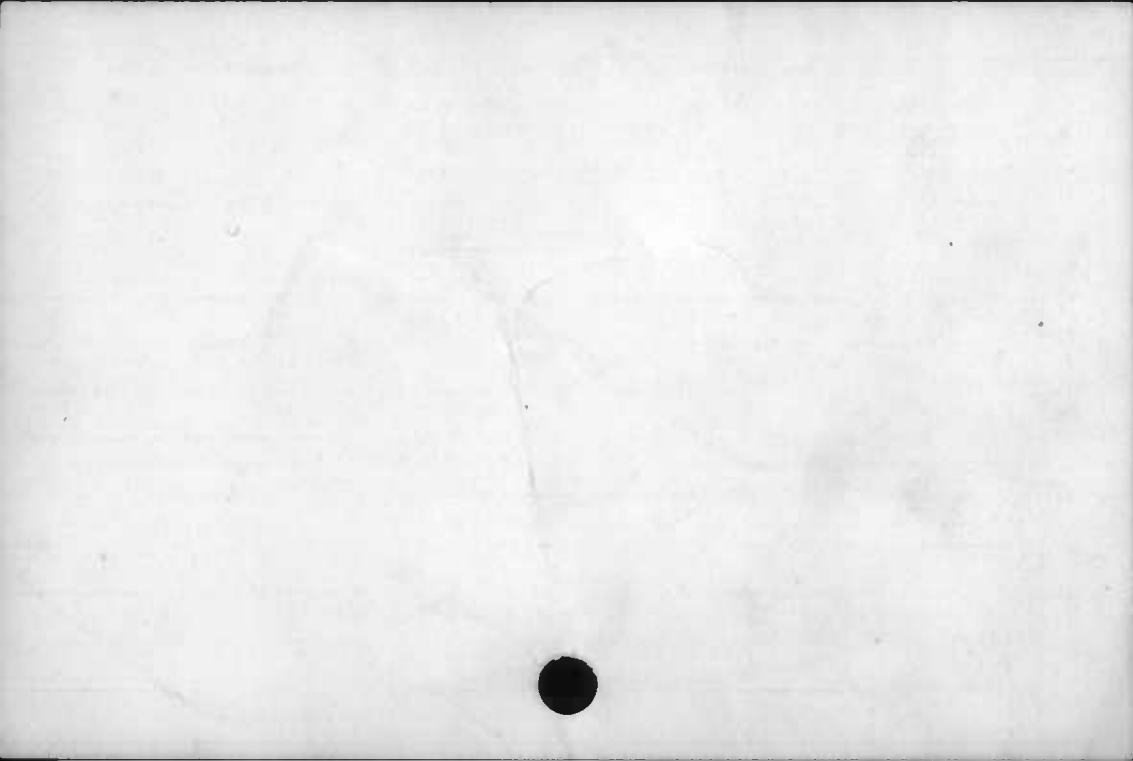
MARYLAND

Died at *Marysstown* Town *Wash.* CountyDate of death *1908* Month *11* Day *20* Age *65* Years Months *—* Days *—*Sex *Female* Color or Race *white* Birth-place *Penns.*Occupation *N. W.* Where Residing if not at place of death *—*Married, Single or Widowed *married* Name of Wife or Husband *J. Rowland Smith*Father's Name *Townsend Brown* Father's Birthplace *Penns.*Mother's Maiden Name *Sarah Mace* Mother's Birthplace *"*Name of person giving information *J. R. Smith* How related to deceased *husband.*

CAUSES OF DEATH

79

Primary *Coronary atherosclerosis* How long *50 years*Immediate *Exhaustion* How long *one week*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W. H. Packer*Address *Neagustown Md*Accident or Suicide? *no*



Name
in
Full

Jacob Smith

CERTIFICATE OF DEATH

Died at <i>Longs</i>		Town		County <i>Washington</i>		State <i>Maryland</i>	
Date of death	<i>1908</i>	Month <i>11</i>	Day <i>22</i>	Age <i>76</i>	Years	Months <i>2</i>	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Robinsonville</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband <i>Sarah Smith</i>						
Father's Name <i>William Smith</i>	Father's Birthplace <i>Robinsonville</i>						
Mother's Maiden Name <i>Nancy Huffer</i>	Mother's Birthplace <i>Robinsonville</i>						
Name of person giving information <i>Andrew Smith</i>	How related to deceased <i>Brother</i>						

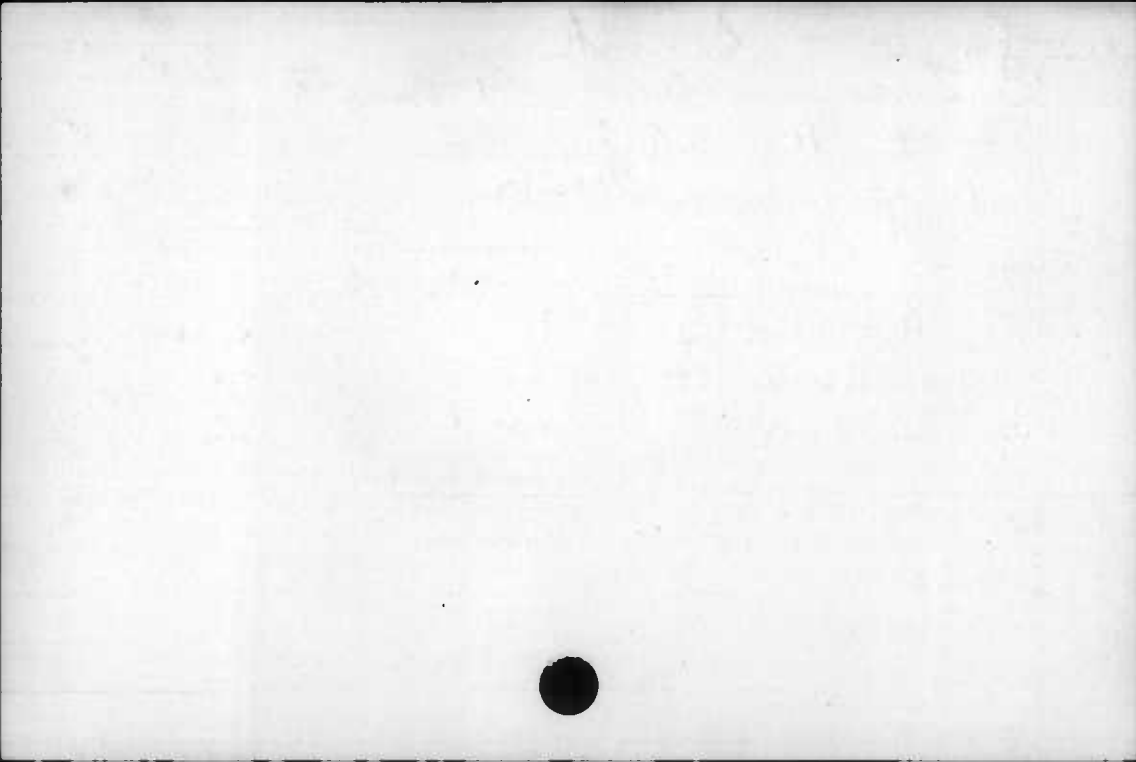
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

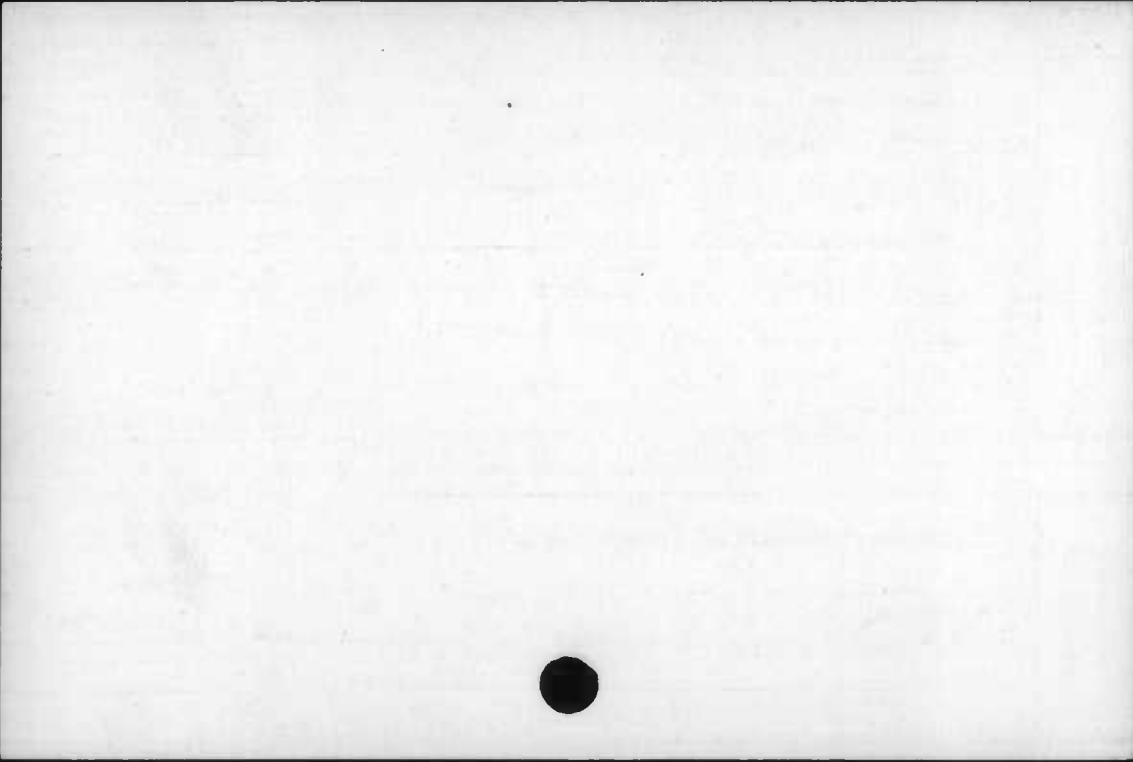
120

Primary	<i>Bright's Disease</i>	How long	<i>3 years</i>
Immediate	<i>Uremic Poisoning</i>	How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. M. Fisher</i>
		Address	<i>Keedyville Md</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name in Full		John M. Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hancock		County		Washington
			Town				MARYLAND
	Date of death		1905	Month	Nov.	Day	24
			Age		47		
			Years		7		
			Months		5		
			Days				
	Sex		Male		Color or Race		White
		Birth place		Washington C. Md.			
Occupation		Paper		Where Residing if not at place of death		Died at home	
Married, Single or Widowed		Married		Name of Wife or Husband		Mrs Ellen Smith	
Father's Name		Joseph M. Smith		Father's Birthplace		Md.	
Mother's Name		Margaret M. Cleary		Mother's Birthplace		Md.	
Name of person giving information		Mrs Ellen Smith		How related to deceased		Wife	
Dr. Shoen		CAUSES OF DEATH		112			
PHYSICIAN OR CORONER	Primary		Perosis of Liver		How long		1 year
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
			P. E. Higgins		Hancock, Md.		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

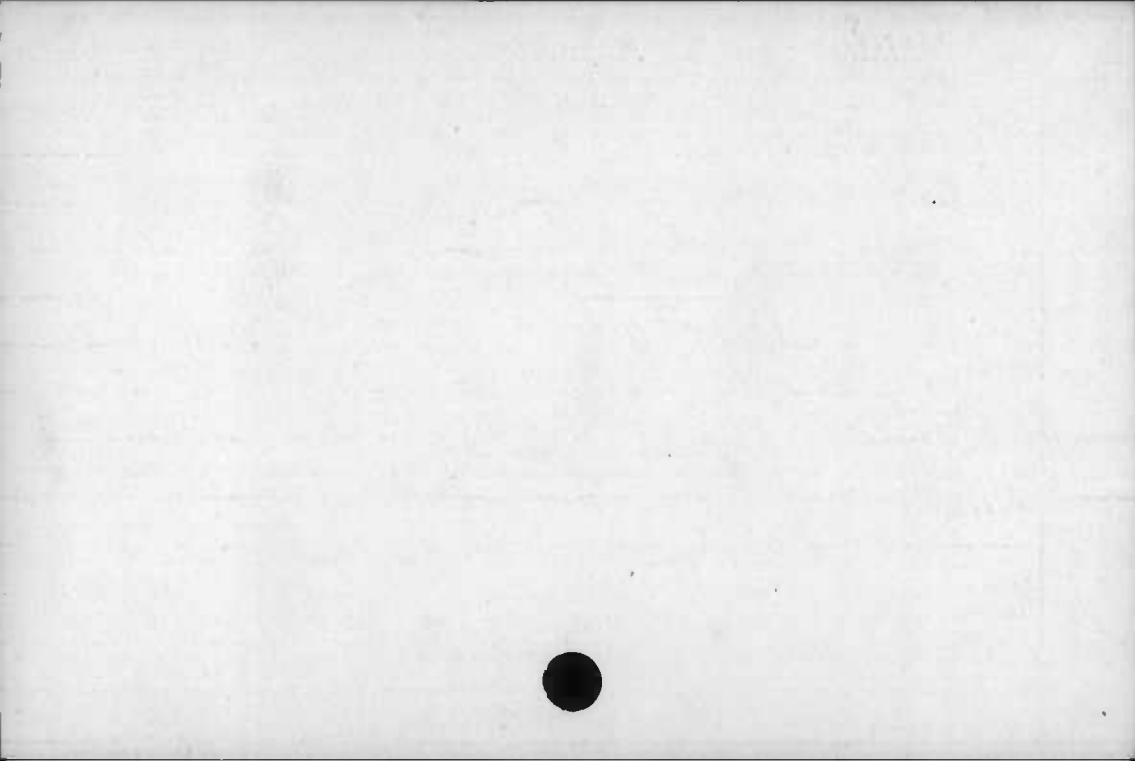
Name in Full <i>Barbara A Snively</i>		Town <i>Boonsboro</i>		County <i>Washington</i>		MAYLAND	
Died at <i>Boonsboro</i>		Month <i>Nov</i>		Day <i>11</i>		Years <i>70</i>	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>11</i>		Years <i>70</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>		Months <i>4</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>		Months <i>4</i>		Days <i>13</i>	
Married, Single or Widowed <i>Widow</i>		Name of Wife Husband <i>Hiram Snively Sr</i>		Father's Name <i>Samuel Wagoner</i>		Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Catharine Munna</i>		Name of person giving Information <i>Harry E. Thompson</i>		Mother's Birthplace <i>Unknown</i>		How related to deceased <i>Son in law</i>	

CAUSES OF DEATH

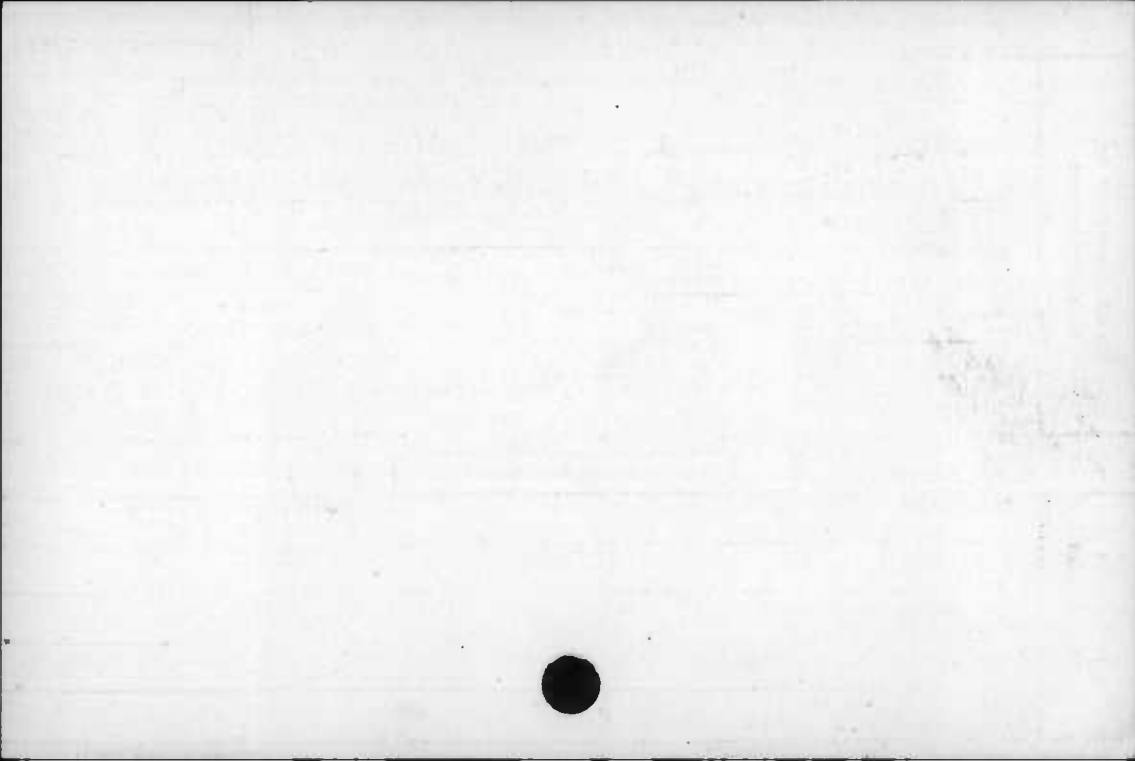
79

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease Heart</i>		How long <i>3 yrs -</i>	
Immediate <i>Leucemia</i>		How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. C. Wheeler M.D.</i>	
		Address <i>Boonsboro</i>	
Accident or Suicide?		<i>Washington Co.</i>	



Name in Full		Infant Snyder				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Boonaborn		County		Washington	
	Date of death		1908	Month	Nov	Day	1	
	Age		Years		Months		Days	
	Sex		Female		Color or Race		White	
	Occupation		None		Birth-place		Boonaborn	
	Where Residing if not at place of death		Boonaborn					
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		Albert Snyder				Father's Birthplace	Wash Co
Mother's Maiden Name		Mollie Schaffer				Mother's Birthplace	Wash Co	
Name of person giving information		Albert Snyder				How related to deceased	Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Version				How long	—
	Immediate						How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		S. S. Davis	
					Address		Boonaborn	
							md	
Accident or Suicide?								



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hagerstown</i>		County <i>Washington</i>	
		Date of death <i>1908</i>		Month <i>11</i>	
		Day <i>27</i>		Age <i>27</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>—</i>		Birth-place <i>Ind</i>	
		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Rose Spensard</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Maud E Leferer</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Rose Spensard</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Premature Birth</i>		How long <i>Minutes</i>	
		Immediate <i>✓</i>		How long <i>—</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Victor D. Miller, Jr.</i>	
				Address <i>Hager. Ind.</i>	
		Accident or Suicide? <i>no</i>			

Mr. C. J. ...
Rm. 411

Name
in
Full

CERTIFICATE OF DEATH

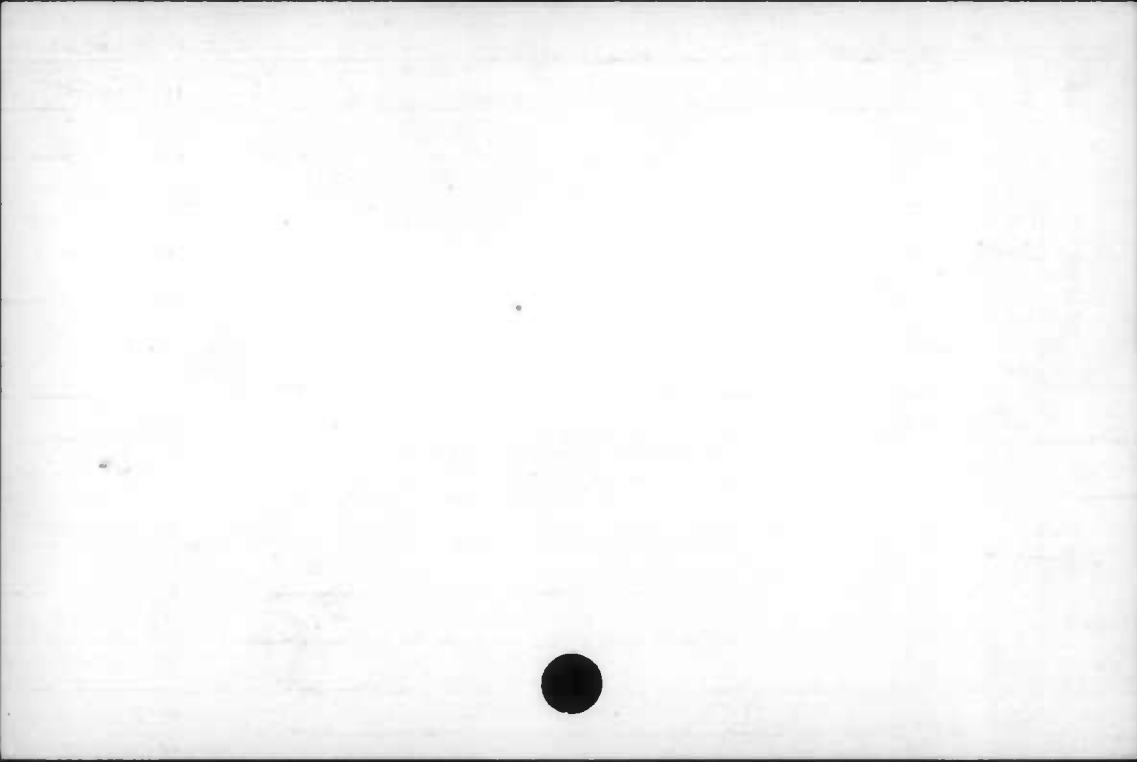
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Dorothy Spracher</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Day <i>4</i>		Years <i>—</i>		Months <i>4</i>	
Date of death <i>1908 11</i>		Age <i>4</i>		Birthplace <i>Ind</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Where Residing if not at place of death <i>—</i>			
Occupation <i>Child</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward Spracher</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Addie Herbert</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>—</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>4 mos</i>
Immediate <i>Convulsions</i>	How long <i>30 hrs</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Pitsenogle H.O.</i>
	Address <i>Hagerstown Ind</i>
Accident or Suicidal <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Clearspring

Town

Washington

County

Date

of death 1908

Month

11

Day

15

Age

78

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Clearspring

Occupation

House woman

Where Residing if not
at place of death

Clearspring

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Solaman Stimetz

Father's
Birthplace

Maryland

Mother's
Maiden Name

Maria Fisher

Mother's
Birthplace

Penn

Name of person giving
In formation

John Stimetz

How related
to deceased

Brother

CAUSES OF DEATH

(92)

Primary

Broncho-pneumonia

How long

One week

Immediate

Heart failure

How long

Twenty hours

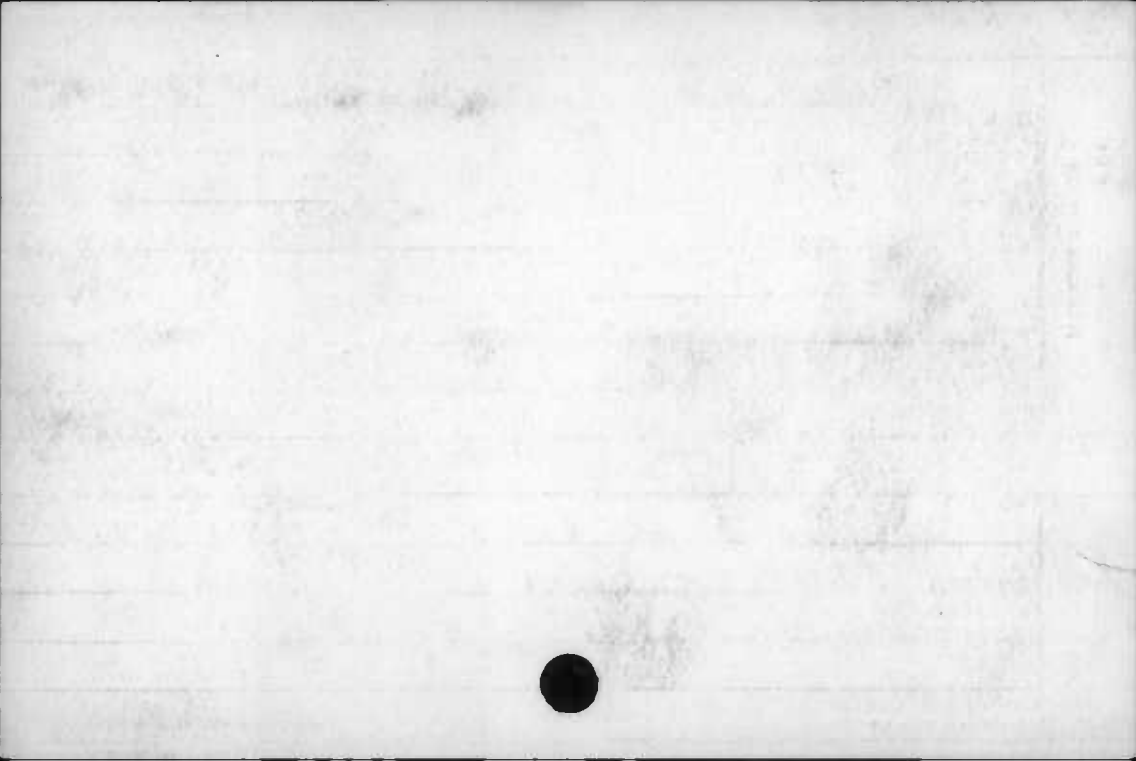
Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
PhysicianAbraham Shank
Clearspring
Washington Co.

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Hiram Daniel Stauffer
Died at ^{Town} Near Hagerstown ^{County} Washington

MARYLAND

Date of death 1908 ^{Month} 11 ^{Day} 7 ^{Age} 41 ^{Years} 9 ^{Months} 6 ^{Days}

Sex Male ^{Color or Race} White ^{Birth-place} Md

Occupation Farmer ^{Where Residing if not at place of death}

Married, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name John H. Stauffer ^{Father's Birthplace} Md

Mother's Maiden Name Margarette Tetke ^{Mother's Birthplace} Md

Name of person giving information Barbara ^{How related to deceased} Sister

CAUSES OF DEATH

68

Primary Dementia ^{How long} Couple years

Immediate Exhaustion ^{How long} Few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. M. Scott
Address Hagerstown

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

W
11/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>11</i>	Day <i>9</i>	Age <i>7</i>	Years <i>11</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>		
Father's Name <i>Robert Sullivan</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Annie Taylor</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Robert Sullivan</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tetanus</i>	How long	<i>3 days</i>
Immediate	<i>Convulsion</i>	How long	<i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. E. Pittsogle H. O.</i>	
		Address <i>Hagerstown Ind</i>	
Accident or Suicide?			

At the house

Walden

11/10/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Worthington</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>W.D.C.</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Charles Taylor</i>			Father's Birthplace <i>Na</i>				
Mother's Maiden Name <i>Mary Loman</i>			Mother's Birthplace <i>Na</i>				
Name of person giving information <i>Charles Taylor</i>			How related to deceased <i>Father</i>				

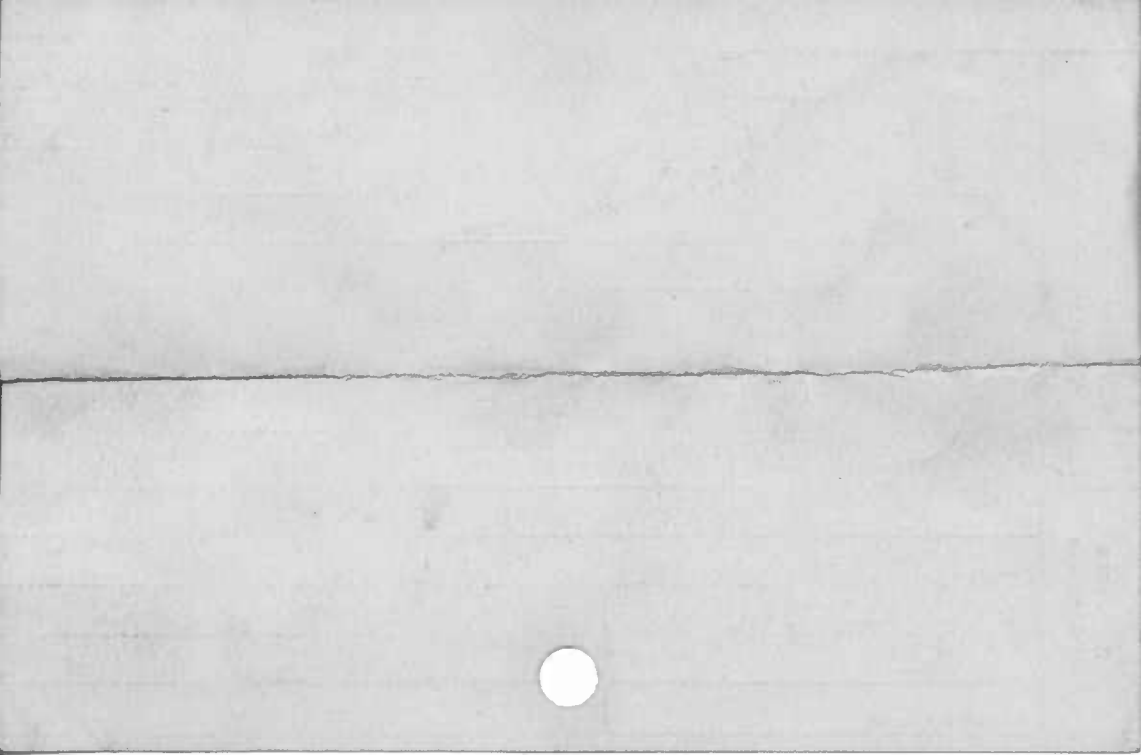
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stim Born</i>	How long <i>Born 10-1-08</i>
Immediate <i>21</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. B. Wilson M.D.</i>
	Address <i>154 1/2 N. Jonathan St. Hagerstown Md.</i>
Accident or Suicide? <i>No</i>	

Q
2867
Qchz

Name in Full		Viola Frances Wallace				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Hagerstown		Washington		MARYLAND			
		Date of death	1908	Month	11	Day	19	Years	12
		Sex		Female		Color or Race		White	
		Birthplace		Md		Months		3	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name		Harry L. Wallace				Father's Birthplace			
Mother's Maiden Name		Edith M. Fleet				Mother's Birthplace			
Name of person giving information		Harry Wallace				How related to deceased			
		FATHER							
PHYSICIAN OR CORONER		CAUSES OF DEATH							
		Primary				Typhoid fever			
		Immediate				Coma			
		Are the name, age, sex, color, date and place correctly given above?				Yes			
		Signature of Physician				Mary A. Laughlin M.D.			
Address				Hagerstown, Md.					
Accident or Suicide?									



Name
in
Full

Samuel Glenn Weaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Ringgold* ^{Town} *Ind* ^{County} *Washington*
 Date of death *1908* ^{Month} *Nov* ^{Day} *18* ^{Years} *Age* ^{Months} *2* ^{Days} *18*
 Sex *Male* Color or Race *White* Birth-place *Ind*
 Occupation _____ Where Residing if not at place of death _____

Married, Single _____ or Widowed _____ Name of Wife or Husband _____

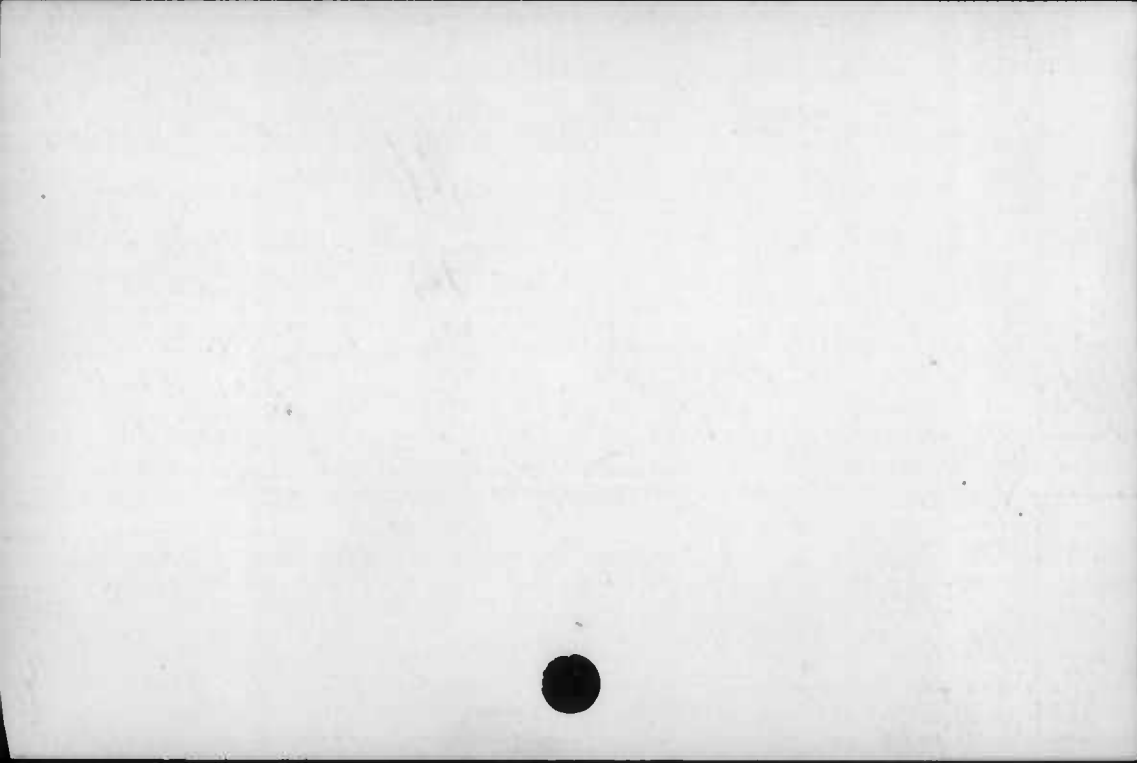
Father's Name *Samuel H Weaver* Father's Birthplace *Ind*
 Mother's Maiden Name *Katherine Cordell* Mother's Birthplace *Ind*
 Name of person giving information *Samuel H Weaver* How related to deceased *Father*

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary *Whooping cough* How long *min weeks*
 Immediate *exhaustion* How long *4 weeks*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. A. Kovacs*
 Address *Maymestown Pa*
 Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Whitmer*

Died at *Cleaspring* Town *Washington* County *MARYLAND*

Date of death *1908* Month *Nov* Day *11* Age *65* Years Months *1* Days *22*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Retired Farmer* Where Residing if not at place of death

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband *Mary J. Curley*

Father's Name *John Whitmer* Father's Birthplace *Ind*

Mother's Maiden Name *Susann Smith* Mother's Birthplace *"*

Name of person giving information *Mary J. Whitmer* How related to deceased *Wife*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Acute Dilatation of Heart* How long

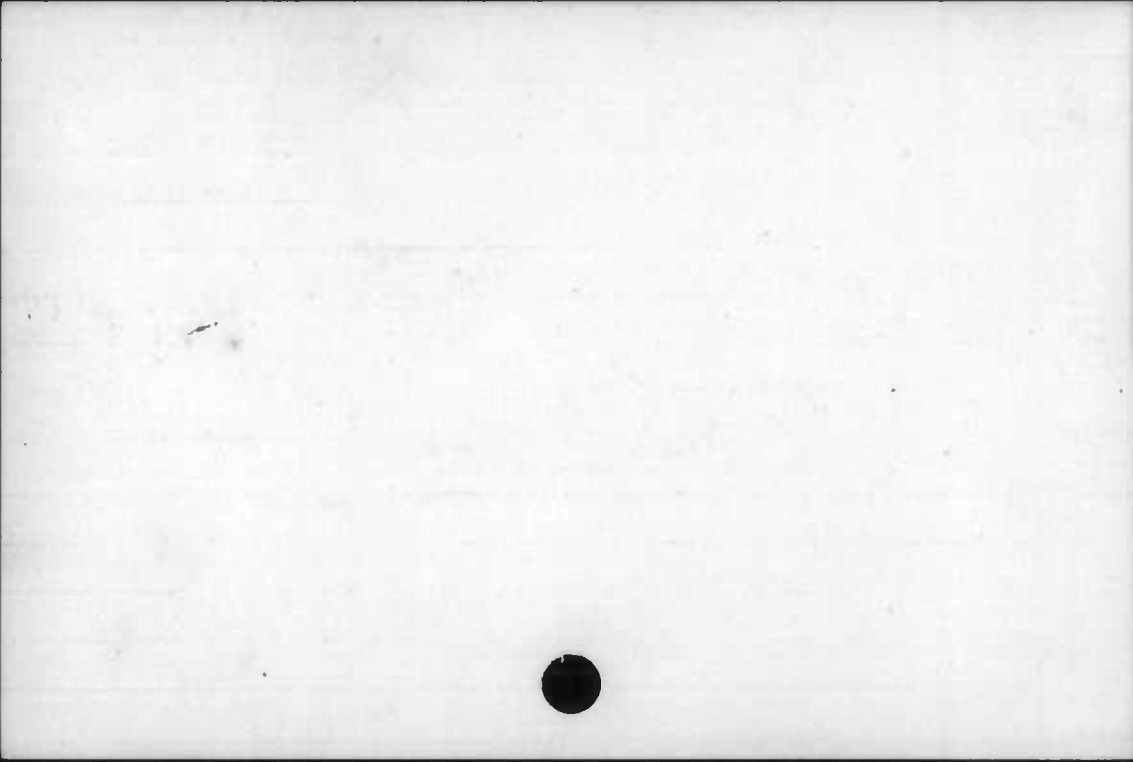
Immediate *Heart Failure* How long *6 weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *C. J. Mason*

Address *Cleaspring Md*

Accident or Suicide?



Name
in
Full

Wm. Lohm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

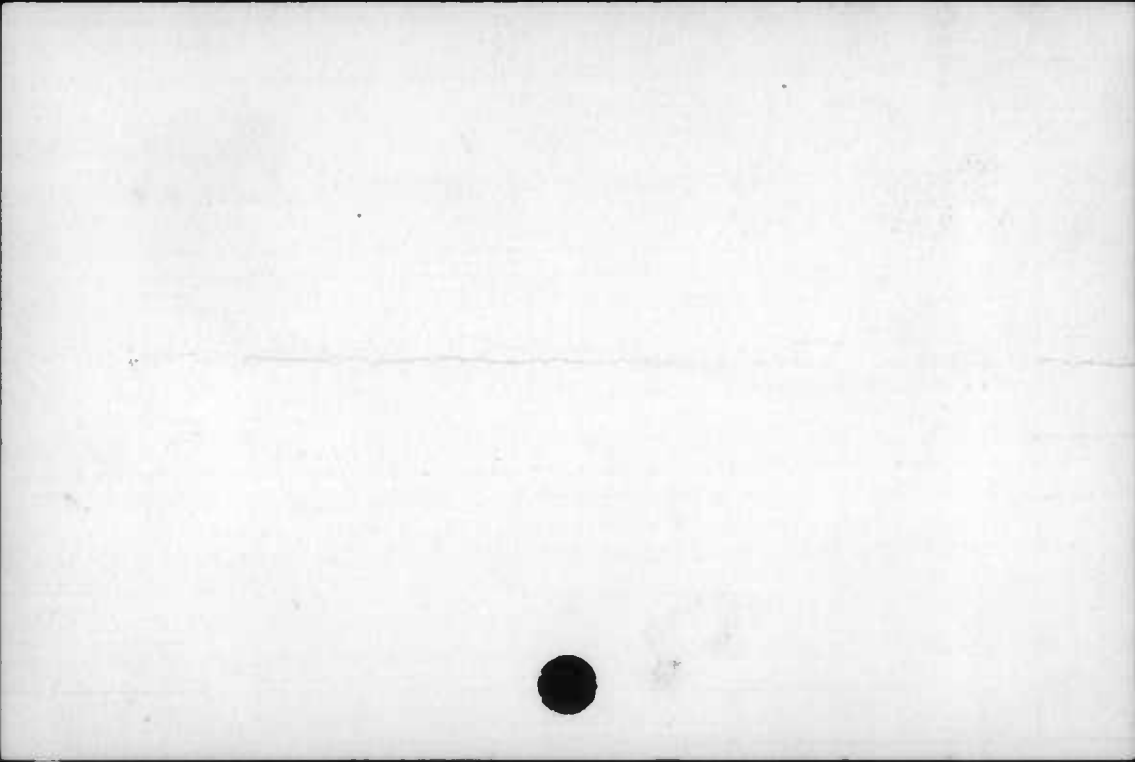
Died at <i>Smethers Ldn</i>		<i>Wach</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Nov</i>	Day <i>3</i>	Age <i>71</i>	Years <i>6</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Fredrick Co Md</i>		
Occupation <i>Retired</i>	Where Residing if not at place of death <i>Smethers Ldn</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Bowman</i>		<i>Jahn</i>		
Father's Name <i>Charles W. Jahn</i>	Father's Birthplace <i>Prussia Md</i>				
Mother's Maiden Name <i>Lucia Hoover</i>	Mother's Birthplace <i>Fredrick Co Md</i>				
Name of person giving information <i>Elizabeth Jahn</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral disease</i>	How long <i>See yrs</i>
Immediate <i>Dropsy</i>	How long <i>6 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Davis</i>
	Address <i>Boonsboro Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>11</i> ^{Month}	<i>28</i> ^{Day}	Age <i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>16 hours</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Hagerstown Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Joseph G Zimmerman</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Bertha A Baker</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Joseph Zimmerman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Atelactases</i>	How long <i>16 hours</i>
Immediate <i>Cyanosis</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Clara S. Eiley</i>
	Address <i>28 W. Franklin St. Hagerstown Md.</i>
Accident or Suicide?	

AA to garden
Rose Hill cemetery.